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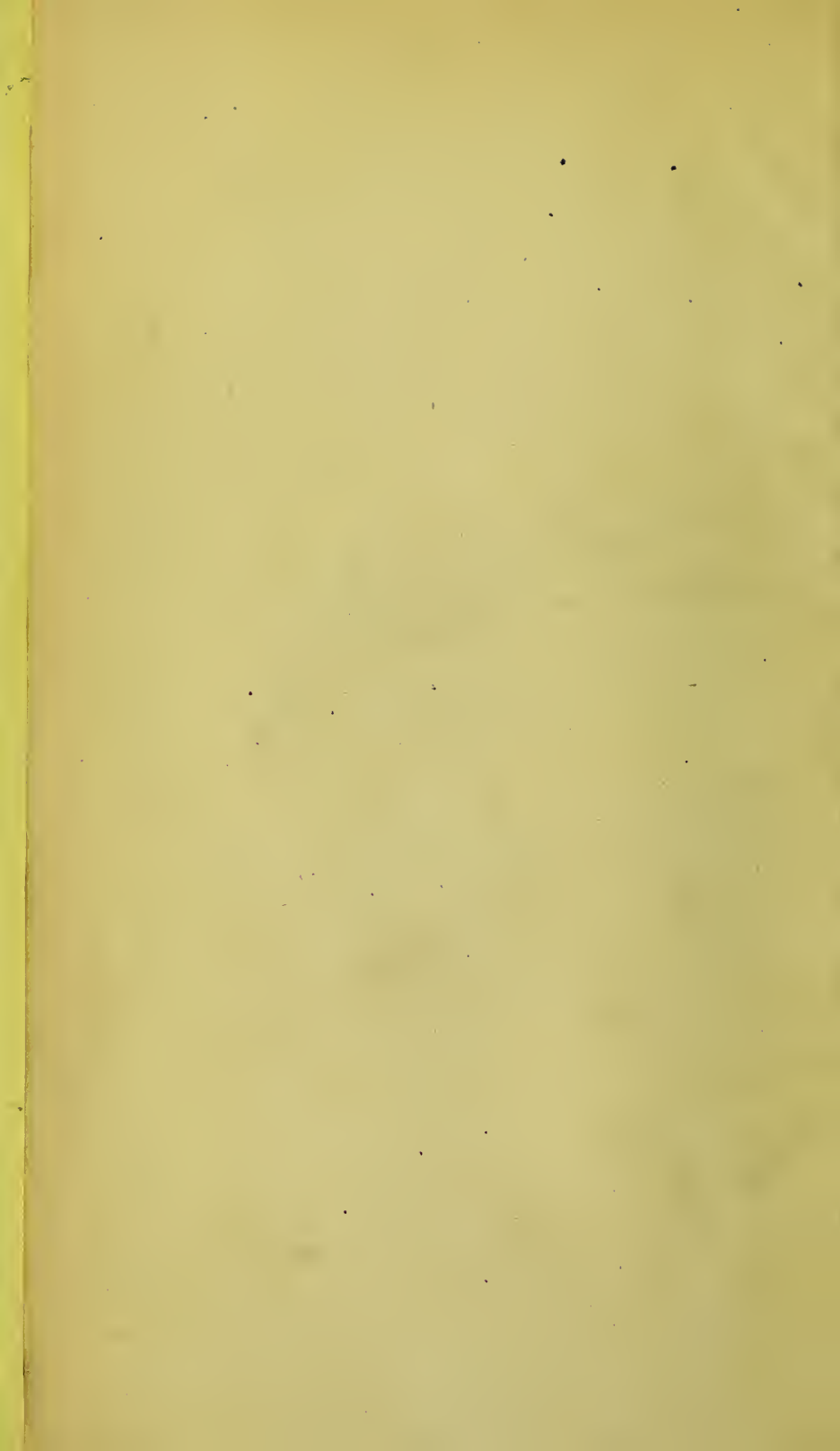
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THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

VOL. I.

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THE UNIVERSITY OF CHICAGO

THE UNIVERSITY OF CHICAGO

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

EDITED BY

J. J. DRYSDALE, M.D.; J. R. RUSSELL, M.D.;
AND FRANCIS BLACK, M.D.

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ERRATA.

Page 10, last line, <i>for said read sad</i>
... 30, 3d line from foot, <i>for concussio read commotio</i>
... 56, line 1, <i>for did require read did not require</i>
... 105, after letter to Hufeland, &c., supply 1808.
... 118, line 15 from bottom, <i>for ever read never</i>
... 129, line 11, <i>for vaccinia read vaccine matter—</i>
... 149, et passim, <i>for Flaser read Flarer</i>
... 156, line 4, <i>for vorübergehand read vorübergehend</i>
... 157, line 2, et passim, <i>for medicine read medicines</i>
... 159, line 13th from bottom, <i>for nettle-rush read nettle-rash,</i>
... line 8th from bottom, <i>for adjutant read adjuvant</i>
... 161, line 5, <i>for one read we</i>
... 162, line 5, delete <i>Signalization of Proven Persons—</i>
... 165, line 19, <i>for shinning read shivering</i>
... 166, line 17, <i>for itchy, tickly, read itching, tickling</i>
... 170, 2d line from bottom, <i>for 28 days read 21 or 22 days</i>
... 314, dele "Dr Bathynai of"

Appendix page 12, symp. 15, *for conscientiousness read consciousness.*

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

NO. I.—JAN. 1843.

INTRODUCTION.

IT has been the fate of nearly all great discoveries to become at first party questions, and to be advocated or opposed with a warmth proportionate to their probable influence on the affairs of life.

If this has been the case, even with the exact sciences, which but remotely or contingently affect men's interests, we cannot wonder that a similar fate should attend discoveries in those sciences more immediately connected with Medicine, an art proverbially uncertain, and one in which all discoveries are but approximations to truth. Where so much is necessarily left unexplained in successive eras and stages of knowledge, each succeeding discovery affords, of course, ample scope for the objections of opponents ; and as the motives for resisting innovation are in proportion to its practical tendency, we may almost take the amount of opposition to any truth on its first promulgation as the measure of its practical utility.

That the promulgation of an entirely new system of therapeutics should meet with an unusual amount of op-

position, is precisely what we should have anticipated. It is an innovation of a strictly practical character, which necessitates nothing less than a total change in the practice of Medicine—a change which interferes with long established habit and the prejudices of education, and which threatens nearly to annihilate an extensive branch of trade.

From the very nature of HOMŒOPATHY its progress must be gradual, for it differs totally from systems such as those of BROWN and BROUSSAIS, which sprang in full maturity from the brain of their inventors, and which only required to be believed, in order at once to be put in practice. On the contrary, when HAHNEMANN, by a train of admirable inductive reasoning, had discovered the principle, *Similia similibus curantur*, he only laid the foundation on which a practical system was afterwards to be raised. This was to be done by laborious experimental observations, in the making of which he most zealously and patiently led the way, and which experiments are yet in progress, and still very far from being completed. HOMŒOPATHY is therefore to be regarded at present as a system of medicine in the course of development, being the adaptation to practice of a great general principle.

It can therefore scarcely be expected to possess any standard literature, except in the department of the *Materia Medica*, and what it does possess is almost entirely

periodical. This consists of records of experiments with medicines on the healthy body ; of reports of cases treated in accordance with the results of those experiments under the guidance of the Homœopathic law ; of monographs on particular diseases ; and, in short, of contributions of various kinds, to the increase of our knowledge of the specific effects of different medicines, in their pure and unmixed form, on the human frame, in health and in disease.

The majority of the medical profession refused to respond to HAHNEMANN'S invitation, in his papers in HUFELAND'S Journal, to test the truth of his newly-discovered principle, or to join in his experiments. This, and all the other journals of the day, closed their pages against him as soon as it became obvious that the adoption of his principle must, of necessity, cause a revolution in the practice of Medicine. Hence HAHNEMANN and his followers were compelled to separate themselves into a distinct body, and to found a periodical literature of their own, containing the results of their investigations.

Since that period HOMŒOPATHY has made great progress ; and a steadily increasing number of periodical and other works have made their appearance in foreign countries, and especially in Germany. But though those works abound in important observations on most of the therapeutic agents in common use, which, from their intrinsic interest in a purely scientific view (apart from any theory in accordance with which this or that medicine was

given), might justly have claimed attention, yet the Medical journalists of Britain have unaccountably neglected to avail themselves of the valuable information those records contain. It becomes, then, our duty, practically convinced as we are of the truth of HOMŒOPATHY, to establish a special organ for the promulgation of its principles in England. The title which we adopt, *THE BRITISH JOURNAL OF HOMŒOPATHY*, is, we are aware, not strictly scientific; but the necessity for a sectarian title results, as we have explained, from the utter neglect of the subject by the Medical journalists of this country.

In publishing this Journal, the chief points we have in view are, to acquaint the English reader with the progress of HOMŒOPATHY up to the present time, by translating the best papers on the subject, and particularly HAHNEMANN'S earlier papers—thus giving, as it were, its intellectual history—and to assist its further development by the publication of practical investigations, Hospital and Dispensary Reports, notices of interesting cases, &c. Particular attention will be directed to the *Materia Medica*, and to all observations founded on experiments bearing on the pathogenetic and therapeutic action of medicinal substances. It is proposed to give, on a separate sheet, in each Number, if possible, at all events as often as we can, a proving of some medicine not contained in HAHNEMANN'S *Materia Medica*, so that these provings may be supplementary to that work, of which we hope soon to see a translation before the British public.

Our pages will be open for the expression of every shade of opinion, provided that the principle *Similia similibus curantur* be fully admitted by the writers. Controversy will be avoided as much as possible ; but where objections are brought forward, in a scientific spirit, by persons who have given the subject due attention, these objections will be fairly and dispassionately discussed.

Though Therapeutics be our main object, yet other branches of Medical Science, which more directly bear on practice, will not be neglected. We refer more particularly to Pathology and Semeiology. For while the frivolous classifications of Nosologists, and the fanciful speculations of the earlier Pathologists, on the ultimate nature of morbid action, are utterly incompatible with Homœopathic practice, modern pathology, being founded on pathological anatomy—a pure science of observation—is not only compatible with, but absolutely necessary to, the perfection of the Homœopathic method.

THE
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SKETCH OF THE ORIGIN AND PROGRESS OF HOMŒOPATHY.

By J. RUTHERFURD RUSSELL, M.D. Edin.

It has been well said, that the history of the world is but the history of great men ; and it may be added, that we can best read the history of a true and honest theory in the mental development of the theorist. The after progress of a truth in the world is but the open exhibition of a silent and unseen struggle in the spirit of its discoverer. The objections raised against it,—the old habits, beliefs, opinions, and prejudices which it comes athwart, are obstacles which the earnest proponent of a true system had himself first to overcome. Truth in the world is but the magnified reflection of truth in the individual mind. The teacher of every great new doctrine has, while his perception of the truth was yet dim, before practical persuasion had become blended with theoretical conviction, anticipated all general objections, fairly regarded and considered the exceptions that might occur, and been himself the arena whereon was enacted the strife of new truth against prejudices, old habits, and hereditary opinions. Hence, we shall best enable our readers to learn the history of Homœopathy by exhibiting, from his own writings as much as possible, the mental biography of HAHNEMANN ; for in homœopathy it is especially true that the origin and progress of a science

is to be best traced in the mind of him to whom the science owes its birth.

SAMUEL CHRISTIAN FRIEDERICH HAHNEMANN was born of humble parents, at Meissen, in Saxony, that cradle of reformers, in 1755. Of the early education which he received at the school of his native town, we know little, except that he must have acquired so much knowledge of the learned languages as to profit by his residence at Leipzig, to which university he afterwards repaired. That he was no idler in Leipzig, either in his literary, scientific, or medical studies, his rich, copious, erudite, and accurate style, his success in chemistry, and his admirable descriptions of disease, sufficiently attest. Vienna was his next medical school. During his residence of two years there, he so won the confidence of his Professor, as to have a portion of the hospital intrusted almost entirely to his care; so that he was no stranger to the practical knowledge of disease.

After holding for a short time the office of librarian to a nobleman, he repaired to Erlangen, and there took the degree of Doctor in Medicine in 1779. Shortly afterwards, he was appointed to the situation of district-physician (*das physicat*) at Gommern, near Magdeburg, a situation that ensures a certain amount of practice and emolument.* Here, then, we have Samuel Hahnemann, a man of great acquirements, deeply read in the ancients, as well as familiar with the best English, French, and Italian authors, an acute observer and accurate discriminator of disease, moreover, a man of indomitable perseverance and untiring industry, settling as a married physician in a Government appointment. Keenly alive to the responsibility of his situation, dissatisfied at the apparent indifference and easy self-complacency with which the practitioners of the place seemed to exercise the high duties of their profession, the question pressed home upon him, "How is it possible, with conscientious fidelity, to discharge this my trust—is there no great principle by which I can guide my course?"—for to

* *Vide* Sprengel's *Versuch einer pragmatischen Geschichte der Arzneikunde*, fortgesetzt von Dr Eble. Wien, 1840, p. 90, *et seq.*

give actively dangerous substances in obedience only to the vague directions of books, was too dreadful a venture. To resolve this troubling question, he scanned every system that had been taught in medicine, and found each false and delusive. Disheartened by a pursuit that mocked his toil and plunged him only deeper in doubt, in despair of ever finding a certain principle in medicine, and incapable of practising without such an one, like many other gifted and honest men, he resolved on relinquishing his profession. To use his own words, "The thought of being a destroyer or an injurer of human life was so dreadful and agitating (*ruhe störend*), that, in the first years after my marriage [*at the risk of indigence*], I entirely gave up practice, and treated almost no one medically, lest I should aggravate his disease; and, as you know," writes he to the aged Hufeland, his earliest and best friend, "occupied myself with chemistry and authorship."

Chemistry yielded those positive fruits which medicine denied; and some of the preparations and tests he discovered are well known, and still retain his name.

Among numerous Italian, French, and English works which he translated was Cullen's *Materia Medica*, in 1790. Cullen's description of the virtues of cinchona rivetted his attention; and, dissatisfied with the author's attempt to explain its power in checking intermittent fever, he determined to make experiments with the substance on himself. With this view, he took, for several days successively, a considerable dose of it, and an intermittent fever ensued. The thought then struck him, May not the power of this drug to cure ague depend upon its power of producing a similar disease? Here was a conjecture which, if true, would afford a clue to the labyrinth in which he had before so hopelessly groped.

Disease now invaded his own family, and he felt, with a father's keenness, his inability to afford aid. His mind was racked with the question, "Is there no possibility of giving greater certainty to medicine?" Again, reviewing what had been done in medicine to discover its deficiency, he came to the same conclusion that Bacon, from his lofty point of survey, had before arrived at, and announced in these memorable words: "In the consideration of the cures of diseases,

I find a deficiency of the receipts of propriety respecting the particular cures of diseases. For the physicians have frustrated the fruits of traditions by their magistralties, in adding, and taking out, and changing; a '*quid pro quo*' in their receipts, at their pleasure, commanding so over the medicine as the medicine cannot command over the diseases; for except it be treacle and mithradatum, and of late diascordium, and a few more, they tie themselves to no receipts severely and religiously; for as to the confections of sales which are in the shops, they are for readiness and not for propriety; *for they are upon general intention of purging, opening, comforting, altering*, and not much appropriate to particular diseases; and this is the cause why empirics and old women are more happy at many times in their cures than learned physicians, because they are more religious in holding their medicines. Therefore here is the deficiency which I find that physicians have not, partly out of the constant probations of books and partly out of the traditions of empirics, set down and delivered out certain experimental medicines for the cure of particular diseases, besides their own conjectural and magisterial descriptions." *

There must, said Hahnemann, be a thorough change. "Medicine must be reformed from head to foot. The quiet mildness of a John Huss is not enough; we must have the fire-zeal of a rock-firm Martin Luther." Such was the work; let us contemplate the workman. Hahnemann was now about forty years of age. He is described by his opponents as a man of wonderful insight—earnest, independent, indomitable: the profound and quaint Jean Paul Richter has characterised him in his usual humorous and felicitous style "as that double-headed prodigy of learning and philosophy, whose system, though at first despised, was to drag to ruin the common receipt-crammed heads." †

Our reformer's first work was to exhibit the uncertainty of ordinary practice. He shewed how system had chased system over the field of medicine, each with its host of followers and leaving behind its group of victims. How is it, he asks, that

* Bacon's Advancement of Learning, Aldine Edition, p. 175.

† Jean Paul Zerstreute Blätter. 2 Bd. s. 292.

two thousand years of deadly experience have issued in a chaos of doubt and growing disbelief? "Are the obstacles to certainty and simplicity in medicine insuperable?"

This question he sets about answering. After pointing out that regimen should be more attended to and adapted to each case, he observes, it is not the deficiency of our knowledge of surrounding agents, but our inability to apply that knowledge, that is the grand obstacle to certainty and simplicity in medicine. This is the very germ of his system, which contains the doctrine of the application of our knowledge of all remedial substances.

Then he starts his grand objection to present practice, one which the wisdom of Bacon anticipated, and the candour of Hufeland allowed. Is it wise, he says, to mix many substances in one receipt? Can we by so doing ever raise medicine to certainty? Can we tell which of the substances we have employed has effected the cure, which the aggravation? Can we know in a similar case what medicine to select, what to avoid? Of all the problems in physics the ascertainment of a resultant of various forces is the most difficult to solve, and yet we can measure with accuracy the individual composing forces. In vital dynamics we cannot gauge a *single simple* force, and yet we dare to guess at the result of an exceedingly complex combination. Would it not puzzle any one to predict the position which six billiard balls, flung, with the eyes shut, upon the table, would ultimately assume? and yet your practitioner flings into the human system his half-dozen ingredients, and professes to know their exact result upon the sensitive frame? *The more complicated our receipts the darker will it be in medicine.* "Formerly," observes Hahnemann, "I was infected with this prescription-fever—the schools had infected me—obstinately the miasm hung about me—until it came to a critical expulsion. If we are in earnest with our science, let us make a brotherly compact, and all agree to give our patients but one substance at a time, without altering their mode of life, and then we shall see with our eyes what medicine can do, and what it cannot. To give the *right*, not the *many-mixed*, is the stroke of art." Well had it been for the profession, and better for the world at large, had this invit-

tion been accepted! But what answer did an invitation to thorough reform ever receive, except an indignant and clamorous refusal from all whose gains and ease would be in jeopardy from the change? However, let it never be said that Hahnemann began his career by denouncing the profession. It was not until mild words had failed that harsh ones were used; and if extravagance have sullied homœopathy, who is to blame? Those who obstinately refused to hear calm expostulations, or he who, conscious of uttering a momentous truth, waxed warm in its defence and loud to violence in its proclamation? It is not the first time that history has to record how contemptuous indifference to just complaints was the parent of great convulsions.

Hahnemann's next paper, published in 1796 in Hufeland's journal, and entitled "Attempt to find a new principle for the discovery of the healing power of medicine, along with some observations upon the existing methods," is so interesting as to justify us in subjoining an abridgement.

"In the beginning of this century chemistry had attempted, by the application of heat alone, to obtain the active principles of different medicinal substances. The total failure which followed the attempt, disgusted all thinking physicians with the application of chemistry to detect the noxious or salutative properties of bodies, and made them condemn it altogether. This was evidently going too far. Little as we should be disposed to grant to chemistry universal sway over the *Materia Medica*, still less should we deny that to it we owe many important discoveries. To chemistry we are indebted for antidotes to poisons, solvents of gall-stones, a better method of preparing drugs; chemistry has taught us the danger of combining substances which singly are innoxious; and how to detect and remove the adulterations of drugs. We would not discard chemistry from being an assistant, but there is much danger in using it as a guide. The danger of employing chemistry in those disturbances of the animal frame which do not depend on the presence of any deleterious substance, is shewn in the attempts to cure putrid fever by antiseptics,—a practice followed by the most disastrous consequences.

"Still more unfortunate has been the attempt to discover

the properties of unknown medicines, by observing their effects upon the blood after it is drawn from the body. As if the substances mixed with the blood in the living body just as they mixed with them in their test tubes! Besides, are not the properties of the blood so different, according to the manner it is drawn, as to render any result thus obtained quite valueless?*

“ The very naming of such methods of discovering the virtues of drugs exposes their nothingness. The injection of medicines into the veins of animals, or their administration to them by the mouth, is also a most fallacious method; since many substances are deadly poisons for man and wholesome food for brutes; and even if they do destroy animals, this at least is certain, the finer alterations and sensations they produce, which man can express by words, are quite lost on animals. The *general* characters of a substance, whether it has a power to produce purging, vomiting, convulsions, &c., may indeed be ascertained; but all the finer shades of its action, and its complete sphere of action, such experiments are all too dark, rude, and gross to teach us.

“ Finding all these methods uncertain, system-makers of the *Materia Medica* fell upon the idea that the sensible properties might indicate the therapeutic action of plants. But these as uncertainly reveal the internal properties of a plant, as does the physiognomy of a man the thoughts of his heart.

“ Does astringency indicate a tonic? How, then, is sulphate of zinc an emetic? Are acids antiseptic? How, then, does arsenic produce putrid diseases? Is the sweetness of acetate of lead nutritious? The most poisonous plants may be pleasing to the eye and grateful to the palate. Perhaps botanical affinity is a surer indication of similarity of action. To this

* Liebig, the great chemical physiologist of the present day, in his introduction to “ *Organic Chemistry applied to Physiology and Pathology*,” makes the following corroborative observation:—“ Without proposing well-defined questions, experimenters have placed blood, urine, and all the constituents of the healthy or diseased frame, in contact with acids, alkalies, and all sorts of chemical reagents; and have drawn, from observation of the changes thus produced, conclusions as to their behaviour in the body.

“ By pursuing this method, useful remedies, or modes of treatment, might by accident be discovered; but a rational physiology cannot be founded on mere reactions, and the living body cannot be viewed as a chemical laboratory.”

there are many exceptions, and opposite and wholly unlike properties are found in plants that stand side by side in the most natural arrangement. We are far from denying the many useful hints the Natural System has given to assist in the discovery of new medicine ; but these hints only serve to establish already discovered facts, or lead to hypotheses which are far short of probabilities. And while we readily admit that the family likeness more seldom misleads than the general resemblance of members of the same group, yet the small number of exceptions is quite enough to make us very jealous of drawing conclusions upon the subject ; since here we have not to do with the building of systems, but with the restoration of the health of man.

“ As this way, then, does not offer a safe avenue to the discovery of the medicinal virtues of plants, nothing remains but experiments on the human body. But what kind of experiments ? accidental or designed ?

“ Most of the virtues of our medicines have been discovered by uncertain empirical experiments, by chance, often by non-medical persons. We would not underrate the high worth of the discoveries chance has made us, but it leaves us nothing to do. Chance excludes design and independent action. How saddening is the thought that our noblest, most indispensable art, should have been built on the wisdom gathered from chance hits, which presuppose the hazarding of many lives. Do such chance discoveries suffice to the perfecting of medicine—the supply of its deficiencies ? Year after year we are learning new diseases, and new phases and complications of old ones. If we have no way for discovering a method of cure except what chance affords, then nothing is left for us but to treat them with such general remedies as *appeared* useful in apparently similar diseases. But we often miss our aim, because a thing that is changed is no longer the same. We look sadly into the approaching century, in which some particular medicine, for some particular disease, or stage or condition of disease, may perhaps be discovered, as cinchona for intermittent fever, and mercury for syphilis.

“ That the most important science should be so precariously established, like the concurrence of the Epicurean atoms for the formation of the world, never could have been the design of

the great and wise Upholder of our universe. It were, indeed, humbling to our lofty race, did its preservation depend upon chance. No: It is a quickening thought, that for every individual form of disease there is a sufficient remedy, and also a way to discover it beforehand.*

“ By discovery of the virtues of medicine, we do not mean the experiments made in hospitals, in which, by this or that stubborn case which has resisted all ordinary treatment, some medicine, either entirely new, or new in its application, is had recourse to, without any reason being given for so doing. Such empirical ventures are, to call them by the gentlest name, but hazard-casts of folly—if they are not something worse.

“ As we have already a great multitude of medicines which we know to be powerful, but whose exact powers we do not know, our object should rather be to learn their virtues, than to add to their number. Before going farther, it is necessary to explain, that we have no hope of finding a specific remedy for what go by the names of diseases in nosological arrangements, which pay more attention to the accidental phenomena and unimportant concomitants of a disease, than to the essential characteristics of the morbid action itself. It is on account of the simplicity, and constancy, and independent character of intermittent fever and syphilis, that remedies which pass for specifics for these diseases have been discovered. It is, however, only in the simple form of intermittent fever, when free from all complication, that cinchona is specific.

“ Although there are not specific medicines for individual diseases, as these are described by ordinary pathologists, yet for every particular phase of disease there is a specific remedy.

“ There are, it seems to us, three ways for adapting remedies to the diseases of the human frame. The first way—the removal of the ultimate cause (*grundursache*), was the loftiest that could be adopted. To the knowledge of the ultimate causes of disease, however, physicians never could attain: in the vast majority of cases, these must ever remain hidden from human weakness.

* Ins innere der Natur dringt kein erschaffener Geist.

“ In the mean time, all that could be gathered from universal experience, was united in a general Therapeia. Thus cramp, from the presence of worms, was removed by their expulsion ; the fever arising from a disordered stomach, by an emetic ; the ball which caused traumatic fever was extracted. This aim was unquestionably high, although the means used for its attainment were not always judicious.

“ The second method employed, was to suppress the existing symptoms by medicines that produced the opposite condition—as constipation by purgatives—acidity of the stomach by alkalies—pain by opium. In acute diseases these remedies were proper so long as we did not possess any efficient specific, which, like inoculation, quenched the disease at once. Such remedies may be styled temporizing (temporelle). But when these means are employed to oppose chronic diseases, then it may be called the palliative plan of treatment, and becomes reprehensible. In chronic diseases they do good only at first ; consequently stronger doses are required, and the primary disease is aggravated. It is true that purgatives are used to combat constitutional constipation, and anodynes to subdue pain of long standing : but with what disastrous issue ! And although the greater part of my contemporaries still persist in this method, I hesitate not to call it—palliative, dangerous, destructive. Be entreated, my brethren, to forsake this way (contraria contrariis) in treating chronic diseases—it is the wrong way—the thick forest-path over a dark heath that ends in an abyss. The proud empiric fancies it the royal road, and plumes himself on his poor capacity of alleviating for the hour, careless though the evil, under this skinned-over surface, is striking a deeper root.

“ But we are not alone in this condemnation of the palliative practice ; other physicians, and these the acutest and most conscientious, have from time to time employed remedies which do not merely cloak, but which eradicate the disease, and these remedies are the specifics. But where did they find a guide to lead to these remedies ? None but the chance hits of their predecessors—of domestic practice, &c. where these remedies were found useful in this or that disease.

“ Is it not said that the discovery and application of remedies

in chronic diseases is left to chance ? For surely the investigation of the way in which medicines accommodate themselves to the system for its restoration when deranged, should be pursued rationally, and left as little to chance as possible. We have seen that chemistry, botany, and the effect of substances on animals, are all insufficient to guide us to a knowledge of the intimate action of medicinal substances. Nothing, then, remains but by experiments with the substances on man to determine their virtues. This truth has long been acknowledged, but the mistake lay in applying them to the sick, which involved innumerable fallacies. Every-day practitioners describe only favourable cases, and designate the diseases by some common name, without detailing all the specialties of the case, and hence has arisen those thick and mischievous volumes, enumerating a multitude of mostly inert medicines, each of which certainly cures ten or twenty different diseases. The true physician who has the advancement of his science at heart, requires no other knowledge of his medicines than, *first*, WHAT IS THE SIMPLE EFFECT OF EACH, IN THIS OR THAT DOSE, UPON THE HEALTHY MAN ? *second*, WHAT DOES THE OBSERVATION OF THEIR EFFECT IN THIS OR THAT SIMPLE DISEASE TEACH ? We attain a knowledge of the latter, by studying the writings of practical observers, more especially the ancient writers on medicine. Throughout these are scattered well described cases, in which simple medicines were administered ; and it is mentioned how far, and in what way, these were useful or hurtful. Yet here we meet much conflicting evidence, and the determination of the first question—the effects of medicines on healthy persons—is more practicable.

“ To this category belong all cases of intentional or accidental poisoning ; cases of criminals who have been given over to be experimented on ; of those who have experimented on themselves—and when too strong doses of medicines have been given in simple diseases, whose course we know—as sometimes happens in domestic practice. A complete collection of such histories, with observations on the degree of credibility of the narrators, would form the grand code of our *Materia Medica*.

“ In such alone could the true nature, the real effects, of a medicine be certainly discovered ; and from such a book we could detect in what diseases these medicines would answer.

“ Still the key of application would be wanting ; and perhaps we are so fortunate as to present the principle by which we could proceed to fill up the gap in the art of healing, and to direct how a specific, for at least chronic diseases, may always be discovered.

“ Every powerful medicine excites in the human body a peculiar kind of disease, and the stronger the medicine, the more peculiar and violent the disease.

“ Let Nature be imitated, which frequently cures one disease by exciting another, and let a substance be chosen whose action closely resembles the original disease, and then this will be cured—*Similia similibus curantur*.

“ This proposition looks too like an unfruitful analytic general formula, and we must attempt to expose it synthetically.

“ Most substances have two actions ; the one is the direct, the other their indirect ; the latter is commonly the opposite of the former. In chronic diseases, let a medicine be chosen whose direct or primary action corresponds to the disease ; and then the secondary action will be the accord of the system which is sought for. Sometimes, however, the secondary effect produces a disturbance that lasts a few hours, or even days.

“ The reason that palliative remedies do mischief in chronic diseases is, that after the primary effects which are the opposite of the diseases, secondary ones occur, which resemble the disease.

“ The more nearly the primary effects of a medicine correspond with the disease for which it is used, the more certain will be the good effects of its administration.”

Here follows a list of substances whose acknowledged power to cure diseases corresponds to their power of exciting similar ones,—the proof, in short, of his grand dogma—*Similia similibus curantur*. Into this it would, of course, be unsuitable here to enter.

Such, then, is the first systematic announcement of Homœopathy, on which we would make a few remarks. *First*, As to its origin.

The idea that medicines owed their power of cure to a power of exciting a disease similar to the one they cured, was

given by observing an ague excited by cinchona. But Hahnemann did not jump at his conclusion from this one observation, but sought to find in all other specifics some relation between the diseases they cured and the effects they produced on those in health. And we must remember that his mind was on the watch for some indication. Shall we, then, blame him for attaching undue importance to one experiment? As well might we blame Newton for resting his law of gravitation on the apple's fall. In both cases the original observation was but the finger-post of the road to truth. "Nature speaks to us," as Liebig profoundly remarks, "in a peculiar language, in the language of phenomena; she answers at all times the questions put to her; and such questions are experiments. An experiment is the expression of a thought. We are near the truth when the phenomena elicited by the experiment correspond to the thought, while the opposite result shews that the question was falsely stated, and that the conception was erroneous." The question of "Is this the road?" is much more likely to obtain a satisfactory answer in physical, as well as critical research, than the vague unconceptive query of "Is there a road?"

In the *second* place, there is something extremely honest and outspoken in the style of the paper. Earnest and bold, yet courteous and friendly, he seeks only to convince, not to proselytize, and addresses the reason, never the passions, of his readers. What is there in this paper that can justify the disgraceful epithets that have been heaped on Hahnemann? And yet this paper contains the whole marrow of the question—the very "head and front of his offending."

In the *third* place, it is very remarkable that this essay, containing so full a development of the system, should notice *the dose* only in a foot-note, warning the profession of the danger of employing large doses when testing the homœopathic law; and yet this question of the dose,—so insignificant in itself, about which even among homœopaths there is a great variety of opinion,—this question of the dose is the rock on which the profession stumble—the butt of empty laughter to the multitude who do not see its natural evolution from the primary proposition, and the only feature which those who

found their judgment on a passing gaze at the outside, are in a position to notice.

To this detail of his system succeeded a series of papers with various titles, but in which his ruling idea to reform medicine by exposing the danger of treating artificially classified diseases, is always conspicuous. In one he denounces the attempt to storm disease by large doses of numerous medicines. "Such," says he, "is not the wish of the all-wise Creator, who in nature effects great and various designs by the simplest machinery; and surely the remedies which he created are likewise so endowed, that each possesses a certain power, through the right employment of which in small doses, great and many cures might be effected. Would that, instead of plunging into empty speculations and theories—into inexhaustible talk and scribbling—we did but seek to know accurately the properties of medicines!"

In another paper he exposes the fashionable systems of cure. The first is *the cure of names*. For example, the patient has gout—then let A, or B, or C, be tried, and so go through your list of gout medicines, until you hit upon the right one.

The *second* is *the cure of symptoms*. In this, *general* symptoms are *generally* combated. Thus, your patient has a dropsy; then let a diuretic or diaphoretic be given to reduce the swelling. "Here is a dropsy, and little urine is passed; the doctor must increase the flow of urine. Squill stands at the head of the diuretic brigade. This, then, is ordered. At first it expels much water; but, alas! by constant use, less and less. Symptoms of exhaustion set in—loss of appetite—strength and sleep—the swelling enlarges. Then does the doctor allow the patient to sink quietly to his grave, when nothing more avails, having first shewn that he could for a short time increase the flow of urine."

It is wonderful how men of fairness and reflection can harp upon so silly an objection to homœopathic treatment, as the absence of manifest effect of the medicines given; surely it is obvious that the retreat of the disease rapidly, and without disturbance of the system, is the effect sought; and the only effect obtained in a perfect system of cure. Every so-called effect of medicine is an exhibition of our weakness, and the

imperfection of our art. It shews, not that the disease, but the system, is affected. This lamentable sophism has done much to perpetuate the use of strong and mischievous measures—blinding the eyes of the sufferer to the sad fact, that these measures are strong, not against his malady, but against himself. “The physician does much, only not what he ought ; he works wonders, but seldom a cure.”

The *third* method is the cure of the ultimate cause. The knowledge of the ultimate cause of disease, however, is quite unattainable. Pathological anatomy shews only its effects—not itself. “*Tolle causam*” is an excellent maxim ; but if we treat diseases without *knowing* their ultimate cause, but only guessing at it, then we treat phantoms which have an existence only in our own mind, and sadly mistreat our patients. While the principles of treatment are false, the plan on which they are pursued is absurd. The whole art of prescription-writing is repugnant to sense, and should be immediately discontinued. “The physician,” observes Hahnemann, “in writing his prescription, ordains to each ingredient his distinct office. This shall be the base ; that the adjuvant ; the third the corrective ; the fourth the derivative. I strictly order that none of these ingredients presume to leave his allotted post. Let the corrective not be negligent in covering the blunders of the base ; but let him not presume to overstep his limits, and act against the designs of said base. To thee, Adjuvant, I commit the mentorship of the base ; thou art to help him as thou best can ; but attempt not with officious zeal to play an independent part. Co-operate entirely with him, although thou art quite a different thing. Such is my order. To the joint wisdom of the whole I commit the charge of the expedition. Let me see how nicely you can drive all impurities out of the blood, without harming the unoffending ; arrange and attune all that is deranged and discordant. Your commission affords you unlimited power. You must reduce excessive irritability of the muscular fibre, and sensibility of the nervous system. See you the twitches in yonder arm ? Fly to their suppression. That fellow has got jaundice ; you must bleach his face and deobstruate his ducts. You, most worthy Base, have been accredited as a most admirable deobstru-

ent by one of the last pamphlets from England ; to you I commit the duty of resolving all obstructions. The exact nature of these obstructions, to be sure, I do not very well know ; but you will learn what is to be done when you are on the spot. To thee, saltpetre, I allot the reduction of that putrid fever ; don't attempt to excuse thee from the task, on the shallow pretext that hitherto thou hast always failed : have I not ordered a detachment of sulphuric acid to thy aid ? I know thou wilt pretend that with sulphuric acid thou canst not agree ; but that is mere rebel-talk, as if such disagreement could occur against the wish of the receipt-writer. Besides, have I not put at thy disposal a troop of derivative and alterative auxiliaries ? Each of you must fulfil the office you hold in the constitutional *Materia Medica*." Thus, again, to use words of Bacon, " they lord it so over the medicine as the medicine does not over the disease." " Can it," Hahnemann continues, " be believed in earnest that such *mishmash* will produce the effect which might be expected from the separate operation of so many distinct agencies ? as if those ingredients exerted no mutual influence upon one another ! Has it never occurred to any one that two dynamic agents *never* can effect that which, if given separately, they would, that an incalculable resultant force must be produced ? And how much more, when not two, but many, substances are mixed ! So that your school-order of battle is of no avail—none your bases and correctives, &c. Nature works by eternal laws, without any leave of man. She loves simplicity, and with one instrument performs much, he, with many—little ; let us imitate Nature. To write complicated receipts, perhaps, too, many in a day is the acme of the worst kind of empiricism. To give but one substance at a time, and not to give a second dose until the effect of the first is over, *this*, and only *this*, is the straight path to the sanctuary of art."

Hahnemann, pursuing practically as well as openly teaching his system, begins to excite the dread of the apothecaries, who see the vision of their gains beginning to melt. This is not to be endured. Are these faithful allies of the physicians, who have mutually so enriched each other, to be sacrificed to a pretended reform ? Are all their variegated mixtures to be

henceforth utterly despised? “*Dii avertant omen!*” Are there no laws to prevent physicians dispensing their own medicines? And although the avowed object of these laws is to prevent risk to the public from the incapacity of physicians, amid the crowd of other business, to mix properly their own prescriptions, and as these laws, therefore, cannot fairly apply to homœopathic physicians who never mix at all; yet it is a legal barrier which may be used to arrest this pestilent heresy, which threatens our rich and imposing Apothecaries’ Hall with total subversion. Hahnemann quietly asks, “Had you interdicted Raphael, Titian, and Da Vinci from mixing their own colours, where would now have been their master-pieces?” But when was reason ever strong against corporations? and this legalized persecution afterwards had a great influence on Hahnemann’s career.

In 1805 Hahnemann published a paper, entitled “*The Medicine of Experience.*” This is an epitome of “*The Organon,*” which soon followed. He had now attained what he had long been seeking, a real principle of nature instead of dead formulas of art—as a guide in the treatment of disease. This principle he had deduced from large observation; he had found it perfectly consistent with the experience of former writers, and had extensively tested it in his own practice with the happiest results. Firmly assured of the existence of the law he had promulgated, his attention is now turned to its explanation. This explanation must never be confounded with the law itself,—the one may be true, the other false. The ascertainment of a general law of action is quite sufficient as a guide to practice, and is usually the limits of human discovery. When we attempt its explanation we leave the territory of observation and induction, and enter that of hypothesis. Shall we close to the ardent soul of the discoverer this fascinating region, and forbid him “all high clambering cogitations?” Surely not. We should receive both his law and his explanation thankfully, and assign to each its due value. Blindly to accept an hypothesis, because it comes from the discoverer of the law for which it is invented, would be a foolish abdication of our reason—to reject it without careful examination, a wanton insult to the discoverer. The explanation

which he offers of the law is, that, when two diseases meet in the system, the stronger overcomes the weaker, and he assumes that medicinal disease is stronger for the time of its existence though not so enduring, as natural disease, because the system is only occasionally susceptible to natural morbid agents, but always susceptible to the action of medicines.

Besides this explanation of the law, he lays down, in an aphoristic form, directions for the exhibition of the medicines, the amount of the dose, and propriety of its repetition. He also gives some admirable directions as to the best method of detailing cases; and in these directions, he particularly notices the attention that is to be paid to the remote exciting cause of the disease, as well as to the symptoms. This is well worthy of noting, as his directions in this matter have been much misrepresented.

He is now rapidly approaching a full exhibition of his system, to the furtherance of which his work *Fragmenta de Viribus Medicamentorum Positivis*, published in the same year as the paper last noticed, and containing an account of the effects of twenty-five substances on persons in health, greatly contributed. Indeed, what more is wanting for a system? He has shewn that, to bring medicine to perfection, we must investigate the exact action of medicinal agents on those in health—examine the relation between this and their action in curing disease, and thus ascertain the law which shall guide us in their administration. This law he announces, and gives the facts from which it is deduced. He then proceeds to teach its application, and affords means of applying it. Truly, this looks liker a dawn in medical science than any thing that has yet appeared.

In his last paper, he enters more fully into the propriety of giving small doses. He finds they answer better, and explains how this is.

A diseased part is much more susceptible to the action of any substance fitted to affect it, than when healthy; just as a burned finger is more sensitive to heat than a sound one; and as unreasonable would it be for a man whose finger was whole, because *he* felt no pain on holding it to the fire, to insist that his neighbour was fanciful because he drew back his

burned finger from the same position, as it is for those who ridicule the system of Hahnemann to require that doses, in order to cure diseases, must produce sensible change on those in health. How can the same amount of heat cause pain in a burned finger, and not in a sound one? Ridicule is a dangerous weapon, very apt to rebound on the head of those who use it.

He also distinctly asserts the proposition, that the effect of substances in all doses are the same in *kind*, the difference in their action depending upon the degree of susceptibility of the patient, as well as on the quantity employed. A full consideration of the relative importance of these two conditions would put the “*quæstio vexata*” in regard to the dose in its proper light, and might reconcile much discrepancy of opinion.

Thus far in comparative obscurity had the system matured itself; and now the truth, that for twenty years had been working and growing in the mind of Hahnemann—confined in its influence to a limited circle—was to find a voice in almost every land of Europe. In 1790 the homœopathic law dawned on his mind—in 1810 appeared the “*Organon of the Healing Art*” (*Organon der Heilkunst*), in which this law is propounded and explained.

To the cursory reader, even though he be charitably disposed, this work presents startling difficulties, which are best removed by regarding Hahnemann’s position when he wrote it. At this time the truth of his discovery was so entirely incorporated with his own mind, by twenty years’ reflection and experience, that his efforts are directed fully as much to the explanation as to the demonstration of the law; and the general arrangement of the work is such as rather to perplex. Nevertheless, the period of its publication will always mark a great era in medical science, and the doctrines and precepts it contains have worked much deeper in the general practice of medicine than at first appears. They have exerted a powerful influence, not only on those who have adopted them, but upon those who have utterly rejected them, and who must be at a loss to account for the changes, obvious enough, that are passing over the face of medicine. Its keen exposure of the ordinary practice—its proud rejection of old

formulas—its utter condemnation of time-sanctioned systems, raised against it a clamorous and angry host of opponents, who felt and resented this assault on their stronghold ; while its fresh and vigorous truthfulness—its appeal to reason and experience against all the old arbiters in medicine, served as a gathering cry to numbers who had been convinced by former papers, but had not ventured openly to espouse so daring a heresy. As to the shallow sentence of condemnation passed by our reviewers on the work, it was no more than might have been looked for. It was not to be expected that a book so full of novelties, written, too, in an intricate, severe style, and presenting so many points on which witticisms could be easily hung, should be studied with that care and candour required for its appreciation, much less that they should give themselves the pains of fairly disentangling and exposing a system which condemned them so unsparingly. It would have been, doubtless, a higher task to have measured with an artist's eye the structure as a whole, examined its foundation, and computed its proportions, than to have valued themselves on their skill in breaking down the outworks and appendages, whose presence or absence was of no consequence to the erection. By and by "the right critique will appear, which shall neither exaggerate, praise, nor blame ; for hitherto, as well the various pricking girdles (cilices) in which he was to do penance have been so wide for his body, that they slipped to his feet, as the laurel wreathes so large for his head that they fell upon his shoulders." To all his reviewers, and in Germany many and able ones appeared, Hahnemann answered only by silence ; well aware that a work like his was neither to be sunk nor saved by a war of words. If it were the vehicle of great truth, although burdened with every conceivable fault, affording ample prey to the critics, yet once upon the stream of time, there it must float, unaffected both by the favour and opposition of cotemporaries. Those who excuse their neglect of this work, by saying Hahnemann was a quack, we would remind of the words of our great essayist : "What a quantity of noisy zeal would be squashed in dead silence, were it possible to enforce a substitution of statements and definitions for this vulgar, senseless, but most efficacious term of re-

proach!" And let those, who find in the voluble ineptitudes of reviewers, about German mysticism, &c., a sufficient expression of their judgment, remember the constant advice of Johnson,—“Try by all means to get rid of *cant*.” By those who wish to understand it, it will be found full of deep reflection; and without estimating its faults, it may be safely said that no one perused it with care, without deriving from it much instruction. “If the path,” says Hahnemann, “which I discovered, while setting at defiance all prevailing prejudices, and simply contemplating Nature, be as directly at variance with all the dogmata of the schools, as were the bold sentences, which Luther nailed to the Schloss-Kirche of Wittenberg, opposed to the spirit of a crippling hierarchy, the fault lies neither with Luther’s truth nor mine.” The name of Luther was not less execrated once than it is revered now; then, before the aberrations of Hahnemann’s course are condemned, let his orbit be accurately computed.

After the publication of the *Organon*, the system no longer remained exclusively in the hands of Hahnemann; other men of talent and experience, such as Drs Marrenzellar, Moritz Müller, Stapf, Gross, Muhlenbein, Rummel, Rau, &c. espoused it, and its influence soon spread over Europe, and reached even to America.

ILLUSTRATIONS OF HOMŒOPATHIC PRACTICE.

By J. J. DRYSDALE, M.D. Edin.

WHATEVER weight may be attached to the arguments by which the various systems of medical treatment have been supported by their advocates, still in the end, the practical value of such systems can be decided by the test of experience alone.

But to furnish data by which the comparative merits of different methods of practice may be estimated, it is clear, that, from want of control over the patients, neither private nor dispensary practice will suffice. This can only be done in hospitals, where the patients are entirely under the control

of the physician, and the results may be exposed in a statistical form.

Although, therefore, we cannot here display the relation in point of efficacy, which the homœopathic bears to the ordinary method, nor even prove its applicability to general practice, still our object will be amply fulfilled, if, by the narration of a few well marked cases, we can demonstrate experimentally the reality of the homœopathic method of cure, which is still doubted by many persons who have not taken the trouble to investigate the subject ; and, at the same time, illustrate some of its most obvious practical advantages.

These advantages we consider of sufficient importance to induce all reflecting medical men, who are sincerely desirous for the advancement of our art, when once convinced of the truth of the homœopathic principle, to devote themselves with zeal and energy to the study and further development of the method of practice founded on it.

Viewed in a purely practical light, apart from all theoretical speculations, homœopathy is exceedingly simple, and may be defined to be the art of curing diseases by the specific action of medicines, or the power which medicines possess of simply and directly curing disease without the intervention of any other apparent action on the system. The fundamental propositions on which it is based are :—The adoption of the homœopathic principle as the law of specifics, according to which the remedy is to be chosen, and the administration of the remedy in doses so small, that they do not exert any physiological influence on the œconomy, and are in almost all cases destitute of sensible properties, such as colour, taste, smell, &c.

From these arise all the practical differences between the homœopathic and the ordinary method of practice, which frequently afford a contrast so strong, and, in many respects, so favourable to the former ; as, for example, the precision often attained in the choice of the remedy ; the absence of depletive measures, thus rendering it peculiarly applicable to complicated cases ; the simplicity of prescription ; the tastelessness of the medicine ; and, among many others that might be enumerated, one that is no little recommendation in dispensary practice, the very small cost of drugs.

There are several other points of great interest in homœopathy, but as the two above mentioned propositions are by far the most important, we shall confine ourselves chiefly to the illustration of them in selecting the following cases :—*

ENTERITIS MUCOSA.

We may first notice a simple case of subacute inflammation of the mucous membrane of the intestinal canal. The patient, M. W., was a girl, five years old, of sanguine-lymphatic temperament, and had previously enjoyed good health. Three or four weeks before admission, she began to lose her appetite and appear ill, but had continued to go to school till about a week before, when she was seized with shivering, cough, pains in the bowels, tenesmus, &c. For these symptoms she got a "powder" from a druggist, which did no good, and she continued to get worse till brought to the dispensary, when she presented the following symptoms :—

1st, Frequently, in the course of the day, pain in the bowels and passing of scanty, black, fœtid stools, followed by tenesmus; belly swollen and tender to the touch; no worms passed.

2d, Tongue furred and pale, with red spots; lips dry, cracked, and foul; picks the nose much; face pale and puffed, with stupid expression.

3d, No appetite; great thirst.

4th, Somnolence in the day; sleep restless, starts, screams that she is falling; pupils dilated and sluggish.

5th, Emaciation; great weakness and languor, some short cough.

This is a very simple case, it may be said, and if treated on rational principles, would easily be cured in no long time. It may therefore be useful to examine what is called by practitioners of the ordinary method, treatment on rational principles, and compare it, and its issue, with the homœopathic treatment.

An opinion of the nature of the case such as this would

* These cases are taken from the practice of the Liverpool Homœopathic Dispensary.

first be formed ; “ the seat of the primary pathological change in this case, is evidently the mucous membrane of the intestinal canal, especially the colon, and this is indicated by the first and second groups of symptoms. The symptoms of deranged digestion and nutrition, are evidently consecutive, and those of disordered cerebral action and the cough, are sympathetic. The only rational mode, therefore, of curing such a case, is to remove the primary diseased state ; and the *cause* being thus removed, the consecutive and sympathetic symptoms, which are merely *effects*, will also be removed.”

Thus far the mode of procedure is perfectly rational, and thus far both methods are agreed ; but in the manner in which the desired object is to be effected, they differ widely ; a very little reflection will shew that the ordinary method is in reality in many respects pure empiricism (and that often of the grossest kind) ; while the homœopathic method, if it be empirical, may at least aspire to the title of rational empiricism. Let us examine first the way in which such a case would be treated according to the ordinary *soi-disant* rational method. One of the first things that strikes us is the extreme diversity of the means employed by different practitioners in a case like this : scarcely any two, it may be said, would treat it precisely alike, each founding his treatment on his notions of pathology and the action of medicines, which, in many cases (especially in respect to the latter), must be exceedingly vague and imperfect. We can therefore scarcely be surprised to find among these means many of the most inconsistent and contradictory character. These, it is clear, cannot all be right, and doubtless many of them, if not positively injurious, are at least useless. Among the most common modes of treating the case before us, we may notice castor oil, or some other mild purgatives ; leeches and fomentations to the abdomen ; calomel, mercury with chalk ; Dover's powder, or opium in some other form ; ipecacuanha alone or with rhubarb ; astringents, &c. &c.

Any one, or several of these, would be given almost quite indiscriminately, according to the prevailing fashion or fancy of the practitioner into whose hands the patient happened to fall ; and not unfrequently the whole list would be gone

through, and a great many more besides, before the termination of the case.

How far these means, even when successful, act according to the reputed rational principles, it may be not amiss to enquire a little more in detail.

To begin with castor oil, one of the commonest modes of treating mild cases of diarrhœa and dysentery. It is difficult to conceive on what rational principle any one who does not admit the truth of the homœopathic principle, can administer in these diseases a medicine which produces purging and even tenesmus. The common explanation of its action—viz., that it acts by removing diseased secretions—is obviously a mere attempt to get over a difficulty which it is quite inadequate to resolve, as in nearly all cases these diseased secretions are the effect and not the cause of the disease; and therefore this procedure would be about as rational as attempting to cure a cold in the head by blowing the nose, or a hæmorrhage by wiping away the blood. But, in reality, most practical men do not pretend to administer it according to any rational principle, but admit that they give it simply because they know by experience that it produces good effects; but as to how it acts they know nothing, and in truth generally do not care—*i. e.* the practice is purely empirical.

The means usually termed antiphlogistic, when considered as a whole, have as little pretention to rationality; for, to begin with inflammation, its nature is as yet far too imperfectly known to enable us to understand thoroughly the ultimate action of any remedial agent upon it. Indeed, on one of the fundamental points in the nature of inflammation, viz., whether it be an increased or a diminished vital action—two diametrically opposite opinions—the profession are nearly equally divided, so that as both, with singular inconsistency, use the same curative means, at least one half must act quite empirically. And as there are a great many other points in inflammation on which most practitioners hold no opinions at all, in reality the vast majority treat that diseased state in a purely empirical manner.

Among the so-called antiphlogistic means that might be used in this case, the detraction of blood by leeches applied to

the abdomen may, with propriety, to a certain extent, be called rational; for, whatever other changes occur in inflammation, one of its principal features is unquestionably a preternatural accumulation of blood in the capillary vessels, and any beneficial effect produced by means which directly diminish this preternatural accumulation of blood are thus susceptible of a rational explanation. Still that does not explain all the action of the leeches, for it is well known that they are more efficacious when applied to the abdomen in such affections than to any other part, although, as remarked by Magendie, there is no direct communication between the vessels of the intestine, and those of the integuments of the abdomen; so that even here there is something empirical.

Our only objection to leeches in this case is, that, as we shall see presently, they are wholly unnecessary, for it can be cured as well, if not better, without them. The beneficial operation of calomel in such a case is usually referred to its action as an antiphlogistic, a purgative, or an alterative.

The first of these, meaning simply anti-inflammatory, is on a par, in its pretensions to be an explanation, with the celebrated answer about the cause of the hypnotic power of opium, "*Quia est in eo virtus dormitiva.*" And if we study the physiological action of mercury, and endeavour to discover on what action on the healthy body this supposed anti-inflammatory power of that medicine depends, we shall find that, so far from possessing any power of lowering capillary action, as might have *a priori* been expected, it has quite the opposite effect, and, in fact, produces inflammation; so that here again the only rational way of explaining its action, is the admission of the homœopathic principle.

The action of purgatives has been already noticed, and that of alteratives will be considered presently. The exhibition of astringents, in a case like this, can have no pretensions to rationality, as the diarrhoea is a mere symptom of an ulterior morbid state, the removal of which latter necessarily entails that of the former also. The same objection applies to opium, if, indeed, the cerebral symptoms be not considered a sufficient counter-indication for its use here. The use of diaphoretic and other so-called derivative or counter-irritant

means, must, however, be admitted to be rational ; for although practitioners have not in general the remotest idea of the way in which they act, still as experience has shewn it to be a general law, that a diseased action may often be cured by setting up another disease in a different part, this is, to all intents and purposes, a sufficient explanation to entitle the practice to the title of rational. But this painful and uncertain indirect method cannot be compared with the direct or specific method in a case like this, as we shall see presently.

The last of the medicines which we shall notice, that might be given in this case, are those belonging to the class of alteratives ; if, indeed, this can be called a class ; which is really little better than a receptacle for all those remedies that cannot be forced into any other class, and to which the pride of fancied rationalism is unwilling to give their true name,—*specifics*. In the present case, *Hyd. c. cretâ* would probably be given for the ostensible purpose of correcting or altering the secretions. But a very little reflection will shew us that this intention is at least an exceedingly vague one ; for the intestinal canal is susceptible of hundreds of distinct kinds of action, and hundreds of medicinal agents are capable of producing each its own peculiar action ; it is, therefore, a very easy matter to alter the action in any case, but as there are so many different kinds of morbid states, and different kinds of medicinal action, and only one kind of healthy action, how are we to know that the alteration will be precisely that suited to the case, and calculated to restore health, and not quite unsuited to it, and therefore an alteration for the worse ?

It is certainly a fair question to ask the prescriber of any of these medicines, Do you know the action of this medicine on the healthy body, and if so, have you any law which assures you that that action is such as will counteract the morbid action in this case ? He would be compelled to answer, “No, I never studied its action on the healthy body, and the knowledge of it would be of little use to me, as I do not know any law or principle that expresses the relation between the action of a medicine on the healthy body, and its specific effects in disease ; my only reason for giving it in this case, is simply that I know from experience that it has been useful in simi-

lar cases." In this instance, likewise, therefore, the treatment is empirical.

Thus, in the treatment of the case before us, the design, as we have seen, is perfectly rational, but in the execution of it, the *soi-disant* rational practitioner displays the greatest empiricism, and in general goes through a mere routine of remedies, till at last he either stumbles by chance on the homœopathic remedy, or nature conducts the case to a termination in spontaneous recovery, or marasmus and death.

The homœopathic method of treatment differs widely from the foregoing modes, and is conducted on far more scientific and rational principles. The case before us is looked upon as a special affection of a portion of the intestinal canal, the ultimate pathological nature of which our knowledge does not enable us to determine, but which we know we could cure if we could find a medicine capable of producing, in a healthy subject, a precisely similar pathological state. Now, to select among a great variety of medicinal substances whose effects on the healthy body have been ascertained by experiment, and accurately registered—the only *Materia Medica* properly so called—requires precisely the same amount of diagnostic and pathological skill as to form an accurate idea of the seat and nature of the disease itself.

Without, therefore, any conjectures or *a priori* speculations about the virtues of medicines, the homœopathic practitioner proceeds to search, among those medicines whose effects have been *ascertained by experiment on the healthy body*, for the medicine capable of producing an affection the most nearly resembling the case under consideration.

The case, as indicated by the first group of symptoms, would seem to be met by a great number of medicines, such as, for example, *mercury*, *chamomilla*, *belladonna*, *arsenic*, *sulphur*, *colocynth*, *veratrum*, &c. *Mercury*, especially, produces, in a marked degree, diarrhœa with cholic, tenesmus, and all the other symptoms in the group; but neither it nor any of the others produce stools of a *black** colour so charac-

* Hahnemann's Chronische Krankheiten, 2d edit. art. Arsenik Symptoms 585 & 586.

teristically as *arsenic*, which produces also all the other symptoms of the group.

In the second group of symptoms, the state of the tongue in this case is little characteristic. The dry, cracked, and foul state of the lips is of more value as a symptom, and is produced by a good many medicines, such as *arnica*, *bryonia*, *mercury*, *veratrum*, &c.; but some of these do not suit the primary symptoms, and none have this symptom more characteristically than *arsenic*.*

The pale and puffed face is also to be found as an effect of many medicines, but of scarcely any so marked as *arsenic*.†

In the third group, the want of appetite is a symptom of no value; but the thirst is evidently a sympathetic symptom, as there is no particular heat of skin, or sweating, or other cause to account for it, and is, therefore, to a certain extent, characteristic of the primary affection. In respect to this symptom, no medicine is more suitable than *arsenic*.‡

The fourth group of symptoms is suited by several medicines, for example, *belladonna*, *hyosciamus*, *opium*, *stramonium*, *digitalis*, *nux vomica*, *arsenic*, &c. Of these, *belladonna* certainly suits, in this instance, better than *arsenic*; but as they are merely sympathetic symptoms, and the primary and other symptoms are so much better met by *arsenic*, it is to be preferred here also.

The other symptoms are of little value, except that the weakness was greater than might have been expected from the duration of the disease; it is, therefore, to a certain extent, characteristic, and, in this respect, no medicine is so suitable as *arsenic*.§

Arsenic, therefore, corresponding perfectly in all the essential symptoms, is obviously a medicine completely homœopathic in this case, and, if the principle be correct, must certainly be the specific remedy. Accordingly, a dose of the 12th dilution (quadrillionth of a grain) was prescribed to be dissolved in a teacupful of water, and a teaspoonful taken twice a-day. The result was, that in a few days, without the use

* Hahnemann's Chronische Krankheiten, 2d edit. art. Arsenik Symptoms, 289 to 297.

† Ibid. Symptoms, 263 to 274.

‡ Ibid. Symptoms, 372 to 385. § Hahnemann, loc. cit. Symptoms, 334.

of any other means, the patient was perfectly free from all complaint.

MENORRHAGIA.

M. B., æt. 28, of lymphatic-sanguine temperament; pale, leuco-phlegmatic. Had had three children, and been previously healthy. On admission, 2d January 1842, she stated that six weeks ago, when three months pregnant, she had a fall, which brought on abortion, attended with profuse hæmorrhage. She recovered so far as to feel tolerably well, when about a fortnight before she was seized with gnawing pains in the stomach, and other gastric symptoms, and two days after, the catamenia came on; but the discharge was so copious, that it soon assumed the character of hæmorrhage, and had continued increasing till the date of admission.

Her present state is — Discharge profuse, dark-red blood with clots; great pain across the small of the back, and pains like labour pains.

Face and lips pale, ringing in the ears, and palpitation of the heart—pulse rapid and feeble—appetite bad—tongue flat and flabby, and pale—gnawing pain in the stomach.

The influence of *Secale cornutum* on the uterus, and its power of producing hæmorrhage and contraction of that organ, and, in fact, bringing on labour pains, is well known to practitioners generally. In addition, the appearance of the patient, the previous abortion, and the dark colour of the discharge, shewed that medicine to be perfectly homœopathic in this case. A dose of the 2d dilution (10,000th of a drop of the tincture) was therefore given, and ordered to be dissolved in a teacupful of water, and a teaspoonful taken every three hours.

The patient returned in a week, and reported, that after the first dose the pains went away completely, and the hæmorrhage began to diminish, and ceased entirely in two days. Tongue natural, appetite better, tinnitus and palpitation gone.

EFFECTS OF A BLOW, CONCUSSIO CEREBRI.

A. C., a boy of three years old, of lymphatic-sanguine temperament. The child had been healthy at birth, and remained

so till a year ago, when he was found paralytic on one side, without any known cause or previous illness, as reported. Under the use of blisters and leeches he had recovered in three months, and seemed well up to the present time, except that the affected limb seemed smaller and colder than the other.

A fortnight ago he received a violent blow on the nose, and soon after was seized with headach, fever, and sickness, which have continued since. His present symptoms are,—

He complains constantly of pain in the head, great heat in the head. In the morning coldness and shivering, followed about 2 P. M. by heat and dryness of the skin all over the body, not succeeded by perspiration. The heat continues during the greater part of the night, attended with great thirst, sleeplessness, restlessness, and sickness, and towards morning he falls into a heavy sleep with sonorous breathing.

No appetite—foul tongue and breath. Does not pass urine during the day, but at night passes a considerable quantity of strong smelling high coloured urine. Nothing remarkable was observed in the state of the pupil.

In this case, another feature almost peculiar to homœopathic or specific practice, is brought prominently forward, viz., the aid that is derived in therapeutics from taking into consideration the *character* of diseased action, as manifested by the nature of the exciting cause. In the ordinary practice, the most skilful detection of the exciting cause is often of little use in the treatment, for in general it is either a poison circulating in the system and incapable of being directly removed, or it has already ceased to operate before the physician is called, as in the case of mechanical injuries, cold, mental emotions, &c.; and he has to combat their dynamic effects, which he can only do on the common principles suggested by their seat and more general pathological nature, such as inflammation, spasm, &c. But, in addition to these, the homœopathic practitioner takes into consideration the character or kind of inflammation or spasm produced by a particular exciting cause; for example, if we suppose two cases of colic, in every respect, apparently, exactly alike, but the one produced by wet feet and the other by anger or vexation of mind, in the former case, *Dulcamara* would be the specific, and in the latter *Colocynth*. In

like manner, in the case before us, the remarkable influence noticed by Hahnemann of Arnica, in the dynamic effects of mechanical injuries, at once suggests to us the propriety of administering that remedy, *provided that, in other respects also, it is homœopathically suited to the case.* But, before going farther, the question will naturally present itself to the minds of many persons, "How can Arnica or any other medicine be, strictly speaking, homœopathic in mechanical injuries, it cannot produce wounds or bruises?" No, certainly not; but it is to be recollected that bruises, &c., are not simply mechanical breaking or tearing, or compression of the living tissues, but are accompanied (or rather followed) by a peculiar morbid process, in fact an inflammation of a peculiar kind (generally tending to effusion of blood). Now, arnica produces effects very similar to those which follow injuries, and in this respect it is homœopathic, not only to the affection at the bruised part, but also in many sympathetic effects in other parts of the system. To return to our case, we shall now see if it is homœopathic in other respects as well as the exciting cause.

The first symptom, "pain in the head," is too indefinite to lay any stress on; the next, viz., heat in the head, is of more importance, and is one of the characteristic symptoms of Arnica.*

* The shivering in the morning and forenoon,† followed by heat without perspiration, the heat with thirst, and restlessness and sleeplessness,‡ and the heavy sleep with loud breathing,§ are quite homœopathic to the action of arnica. Also the foul tongue and breath,|| and likewise in a marked manner the dysuria.¶

The arnica being then perfectly homœopathic both in respect to the etiological condition and the existing affection, it was accordingly administered in the 6th dilution (billionth), to

* See Hahnemann's Reine Arzneimittellehre. Bd. i. art. Arnica. Symptoms, 16 to 20.

† Loc. cit. Symptom, 573.

‡ Loc. cit. Sympt., 575 and 579.

§ Loc. cit. Sympt., 554, 562.

|| Loc. cit. Sympt., 151, 315.

¶ Sympt., 279.

be taken night and morning. The result was, that in a few days the child was perfectly relieved from all the above symptoms.

SCIATICA.

W. J., æt. 44, a tall man of sanguine-bilious temperament ; had previously enjoyed perfect health. Five months ago, while at work, he felt a sudden pain across the loins, so that he could not straighten himself. The pain soon extended to the hip, where it has affected him ever since, and latterly to such an extent, that he has been unable to work for the last seventeen weeks ; and is pale and emaciated, and worn out with suffering. During that time he had been subjected to a variety of different modes of treatment, but without any relief. His symptoms, when admitted on the 10th March, were violent pain in the hip-joint, moving in shocks down the thigh ; pain greatly aggravated at night, and is *accompanied* by great *shivering* ; he is unable to stand upright ; the hip feels cold ; urinary and other functions normal.

The characteristic symptoms in this case, viz. the aggravation of the pain at night, and its being attended with shivering, corresponding completely to the action of *Pulsatilla*,* that remedy was accordingly administered in the 18th dilution (sextillionth) twice a-day.

17th.—Pain not so bad ; in other respects the same. Continue *Pulsatilla* in the 6th dilution (billionth.)

29th.—The pain is quite gone from the hip, and he is, on the whole, so much better as to be able to return to his work. He complains still of pain in the calf of the leg, shooting down to the feet, worse at night, *accompanied* by *numbness of the leg*.

This last circumstance points now to *Chamomilla*† as the proper remedy ; it was therefore given in the 3d dilution (millionth.)

14th April.—The affected leg is quite well, but on change of weather he has had occasionally slight pain in the other leg. *Rhus toxicodendron*, 6th dilution.

* Hahnemann *Reine A. M. Lehre*. 3d edition, vol. ii. pp. 274, 318.

† *Ibid.* 2d edition, vol. iii. p. 86.

On inquiring about the beginning of June, the patient had recovered.

In this case we have to remark the much greater efficacy of the 6th over the 18th dilution of *pulsatilla*.

SPINAL IRRITATION.

J. Q., a married woman, 19 years of age, lymphatic temperament, delicate as a child, and subject to headach and pain in the back ; since 16 has menstruated regularly. On admission, 18th January, she stated that she had for some months constant pain in the back, shooting through the body to both sides, and along the spine to the occiput, and even to the temples at times ; it is increased by walking and stooping. Tenderness on pressure on the vertebral spines from the last dorsal vertebra down to the sacrum. Frequent giddiness. Does not fall asleep till late on account of the pain.

She received a dose of the 3d dilution (millionth) of *Cocculus indicus* to be dissolved in water and taken twice a day.

25th.—The pain and tenderness of the spine are quite gone, but the pain in the loins is worse ; sleeps better ; giddiness better, but no appetite. *Arnica* 6, in water.

3d February.—She came to report herself free from complaint.

PERTUSSIS, DIARRHŒA, AND EPILEPSY.

The next case that we may notice is one of peculiar interest, as it displays in a striking manner one of the most brilliant features of the homœopathic method, viz. its peculiar fitness for complicated cases. This is a class of cases in which all truly practical men will hail with gladness any improvement in the practice of our art ; for how often does it not happen that the physician is obliged to stand by, as it were, with his hands tied and witness the progress of the disease to a fatal termination, the patient being too weak to admit of the (supposed) necessary depletive or other energetic measures being put into operation ; or in a complicated case, that the treatment necessary for one affection is counter-indicated by another : nay even, has it not unfrequently happened, that the patient has

been cured of the disease under which he laboured, and yet sunk from the effects of the treatment?

M. W., a delicate child, *ætat.* 2.

Since the commencement of teething, has been subject to epileptic fits, which come on quite irregularly. They are preceded by a scream, and in the fit the eyes are open and convulsed, and the whole body convulsed.

For many months she has had diarrhœa, with frequent thin dark-coloured motions. Not vaccinated. Four weeks ago took small-pox, and when scarcely convalescent, a week ago was attacked with hooping-cough.

When brought to the Dispensary on the 8th of January, the following symptoms were observed:—

Pale and emaciated appearance; livid marks from the small-pox still visible on the back, legs, &c. Cough, with distinct whoop; it comes on chiefly at night, when she has seven or eight fits, accompanied by pain in the sternum and blueness of the face, but without expectoration or vomiting. In the intervals the breathing is short, and she complains of pain in the anterior part of the chest. Thin, watery, dark-coloured, sometimes bloody stools, seven or eight times a-day. Up to the 25th, she received Belladonna 12 and 6, Ipecacuanha 3, Arnica 6, Tart. emet. 4; but the attendance was irregular, and the disease on the whole continued to make progress. The diarrhœa ceased, but the cough became more violent, and was accompanied with more pain and with prolapsus ani; it assumed also this peculiarity, that in the middle of each fit there was a pause for about two minutes, and then it began again. Within the last few days, also, the dyspnœa became greater, and there was constant, great thirst, general fever, and general soreness of the whole body. On the 25th, she was too ill to be brought to the Dispensary, but the course of the disease, and the above symptoms, left no doubt that inflammation of the lungs had supervened, although a personal examination was not obtained that day; accordingly, Phosphorus 6, was given to be dissolved as usual, and administered every four hours.

The result was highly satisfactory, though not more so than we had reason to expect from what we have often seen of that

truly admirable remedy in pneumonia of adults. On the 27th, the pain in the chest was much diminished, the breathing freer, and the other symptoms much relieved. Cont. medicam. On the 29th, she was free from pain in the chest, in all respects better, and the cough had assumed the character of simple whooping-cough, and not so frequent nor so violent. The fit ends in sneezing. To have two single doses of Hepar Sulphuris, dil. 3.

On the 3d of February, it was reported that on the 1st she had had a bad epileptic fit, in which she bit her tongue, "turned black, and lay as dead for about two hours." Since then she has been delirious, grasping at every thing, kicking, and apparently terrified at imaginary objects; she is quite sleepless, and cannot lie still in one position for a minute, but is constantly tossing about; much thirst; skin alternately hot and bathed in perspiration; bowels confined; the cough is not so bad. Belladonna 12, every six hours.

5th, Has slept a good deal; no longer delirious; less feverish; cough more frequent, and during a fit of it she grasps the head and supports it with her hands; head hot, and tender to the touch; she lies in a dozing state, waking often; some appetite; bowels open. Conium 3, every six hours.

7th, All cerebral and febrile symptoms have subsided, and the cough is not so bad. Drosera 2, three times a-day.

Under this she recovered rapidly and completely, and when again seen (in June), had remained perfectly well with the exception of one slight epileptic fit.

LUMBAGO.

M Y., ætat. 50. A pale emaciated female. Complained, on admission April 5th, that a fortnight before she strained her back in lifting a heavy weight, and has since been affected with violent pain "as if the back was broken" in the lumbar region, on the least movement or coughing.

She is otherwise quite well, except a slight hacking cough, which she has had for many years in winter. The specific action of *Rhus toxicodendron*, discovered by Hahnemann, in strains of muscular and tendinous parts,* point it out at once as

* Reine A. M. Lehre, vol. ii. p. 360. Dresden, 1833.

the proper remedy in this case. - A dose of the third dilution (millionth) was accordingly given to be taken dissolved in water in the usual way. The patient returned on the 12th to report herself quite well.

CHRONIC BRONCHITIS.

R. F., ætat. 58, of nervous-bilious temperament, had been previously quite healthy, with the exception of weakness in the back, which had troubled him since he had a fall fifteen years ago.

March 22, 1842.—A year ago, when working in a damp cellar, he was attacked with cough, &c., which have continued to trouble him since in spite of various remedial means. His present symptoms are :—

Cough, coming on in fits, particularly after lying down at night; these fits of coughing are accompanied by great dyspnœa and pain in the back, and last till he expectorates a small quantity of tough yellow mucus, generally about half an hour; appetite bad; gnawing pain in the epigastrium an hour or two after meals; for the last month diarrhœa, six or seven loose motions daily; frequent desire to pass urine, which is scanty, clear, and passed with difficulty.

He received arsenic 12, to be taken in water, a dose twice a-day.

On the 12th of April he returned and reported himself completely relieved in all the above symptoms, except the pain in the back.

GASTRODYNIA.

G. W., a man ætat. 39, of bilious-nervous temperament. His health had been otherwise generally good, with the exception of a similar stomach complaint about twenty years ago, and six years ago he had typhus fever, which was followed by ulceration of the left leg.

For his present complaint he had taken, without any benefit, almost every kind of medicine that could be thought of, (except the right one, it would appear, and that was hit on at once under the guidance of the homœopathic principle.)

When admitted on the 22d April, he presented the following symptoms, which had affected him for the last three years :—

Sharp pain in the epigastrium, like a knife, shooting through to his back, and sometimes to the right side ; worse before meals, and on stepping hard, though he is never quite free from it. It comes sometimes in paroxysms so violent that he is obliged to bend double, and cannot straighten himself. These paroxysms are accompanied by eructation of wind and sour fluid, and sometimes by sickness and vomiting of yellowish fluid, occasionally tinged with blood ; the epigastrium is tender to touch, and the pressure of tight clothes insupportable ; appetite good, and tongue pretty clean ; bowels costive ; lightness of the head, and occasional dimness of vision.

A drop of the second dilution of *nux vomica* ($\frac{1}{100000}$) was administered dry on the tongue at the Dispensary, and he was told to come back in a week, a few inert powders being given with him to take in the interval.

On the 30th he stated that, for the first three days after taking the medicine, he felt aggravation of his complaints, but since then he has been gradually getting better ; bowels still confined.

A drop of the first decimal dilution ($\frac{1}{10}$ th) was now given in a powder of milk sugar, along with several inert powders, and so numbered that we could know, although he did not, on which day he took the medicinal powder.

On the 10th of May he stated that he had been quite free from cramp, or any pain in the stomach for several days. The bowels are now regular ; lightness of head and dimness of sight relieved ; he complains of distension and nausea after meals. He perceived no aggravation after any of the powders.

Three doses *chamomilla* 1 ($\frac{1}{100}$) one every other day.

17th May ; no sickness or distention after meals ; but he has had some smarting raw pain in the stomach and under the breast relieved by eating. Arsenic 12 (quadrillionth) one dose, and 6 (billionth), one dose to be taken at an interval of a week.

On the 7th of June he came back on account of a blow he

had received on the leg, which had caused the old ulcer to break out afresh. He stated that for some time he had been quite free from complaint in the stomach; and said "he felt as if he had a new stomach."

This case is interesting in respect to the dose. After the first dose of *nux vomica*, there was a marked aggravation of the symptoms, followed by decided amelioration. This affords an example of what is called the homœopathic exacerbation—a phenomenon which is generally to be looked on as a favourable sign, as it shews that the remedy is quite homœopathic to the case; but its occurrence is by no means necessary to the cure, nor is it even a common attendant on it; on the contrary, as far as our experience goes, it is met with only in a small number of cases, being in fact rather a rare phenomenon. It is generally attributed to the dose being too large, while, at the same time, the remedy is quite homœopathic. This is undoubtedly true in many cases; but there are nevertheless other cases in which it will not apply at all as an explanation. In the case before us, had it been acted on, the practitioner would have reasoned and acted thus—"the medicine is evidently rightly chosen, but the dose was too large; it had better therefore be repeated in a higher dilution, the 12th or 18th for example." Undoubtedly, if this had been done, the improvement would have continued to make progress, and no further exacerbation would have been experienced, and the case would then have been quoted as a proof of the correctness of the above opinion. Nevertheless, nothing could be more false than such a conclusion, for there was actually given a second dose, in quantity a thousand times greater than the first (in fact, one of the largest doses used in homœopathy, viz., 1-10th of a drop of the strong tincture of *nux vomica*), and yet not the least exacerbation was produced, but merely a rapid and permanent amelioration.

There is another circumstance that has been observed in reference to the dose of homœopathic medicines, which appears to us to afford a much more satisfactory explanation of the fact above narrated; but we forbear to enter farther into the subject here, as we think it desirable that all theoretical speculation should be avoided as much as possible in homœo-

pathy, till a greater number of facts have been collected by competent observers.

In selecting the foregoing cases, it is not at all intended to hold them up as specimens of extraordinary cures which we are enabled to effect by the increased resources of homœopathy, but merely as examples of the difference of modes of treating ordinary cases, such as we meet with in practice every day ; nor is it meant to imply that all cases are equally successful. On the contrary, we are quite aware and ready to admit that, in many cases, we are able to give only partial relief, or none at all, which indeed we can easily conceive must of necessity occur, when we consider, on the one hand, the nature of disease, many forms of which are necessarily irremediable, and others are so variable and uncertain in their symptoms, as to make it impossible, even when they are curable, to fix at once, in every case, on the appropriate remedy ; and on the other hand, from the still imperfect state of pathology, and the comparatively limited resources afforded by our *Materia Medica*.

But, as before said, our object is not here to give a comparison between homœopathy in its present state, and the ordinary method, but merely by a few well-marked cases to shew the truth of the homœopathic law, and the practical application of it.

This, we conceive, is the only way in which the superiority of any mode of treatment over others can be forcibly impressed on the mind ; for, in a statistical calculation made from a number of cases, the mere difference of a few per cent. in the treatment of cases, often very different, although nominally arranged under the same head, gives far too vague and abstract an idea to make much impression on the mind of an enquirer, and in reality affords but too often food for the doubts of the sceptic of the utility of medical treatment altogether.

It is indeed only by having constantly in the mind striking examples of homœopathic cures, and thus keeping in view the degree of perfection to which the practice of medicine might be raised if we could carry out the application of the principle to its full extent, that we can derive encouragement to

undertake the arduous task of adopting a new therapeutic law, involving no less than a complete reformation of medical practice. For much yet remains to be done before homœopathy can approach the degree of perfection to which it is susceptible of being raised, and the practice of it at present is beset with numerous difficulties, some of which will always attend it, as being inseparable from specific treatment.

It requires, in practice, a more careful examination of the case, a more accurate knowledge of pathology and discrimination of nicer shades of diseased action, abandonment of the complicated and useless classifications of the nosologists, extension and improvement of our means of diagnosis, and, above all, a more extended and accurate knowledge of the action of medicines, both on the healthy and diseased body, but more especially the former. But as our knowledge advances in these respects, we may look for the attainment of a degree of perfection in the healing art hitherto considered beyond our reach.

It behoves, therefore, all medical men to join earnestly in the work of reformation of the practice of medicine, the road to which has been opened by the discovery of Hahnemann; and it is the peculiarity as well as the excellence of this method that it is in the power of every one to contribute his share to the work, as it requires merely careful and accurate observation of the specific action of the individual articles of the *Materia Medica*.

ON THE TREATMENT OF PLEURITIS.

By DR WURM of Vienna. Along with some Observations by DR TRINKS of Dresden.*

We may define Pleuritis as that morbid condition of the pleura which is attended by an exudation of plastic lymph.

Along with the plastic lymph there is always a greater or less quantity of serous fluid; those cases in which the quantity of this fluid is great, are always the result of very mode-

* Abridged from the "*Hygea*," vol. xii. p. 1.

rate inflammation, and to them we shall apply the name of pleuritis serosa. Where there is but little serosity, and a great quantity of plastic lymph, the inflammation has been very violent, and this class of cases we may designate by the term of pleuritis plastica. Between these two extremes every gradation of the disease is met with. When the plastic lymph has been secreted in considerable quantity, it sinks to the bottom of the cavity of the pleura, where it either remains in the form of an albuminous-like mass, or, more commonly, is formed into a false membrane, which is at first red and full of bloodvessels, but afterwards becomes pale and bloodless. Sometimes the plastic lymph degenerates into a purulent fluid. In tuberculous persons pleuritis usually terminates in the formation of tubercles. Tubercles are found in greatest abundance between the layers of the exudation ; while on the free edge they are larger, though never so numerous. In these cases, also, the serous fluid is tinged red by the colouring matter of the blood, and this form of the disease has received the name of pleuritis hæmorrhagica. Every possible variety, both in the amount of fluid secreted and in the colour of the pleura, is met with ; the vessels of this membrane being sometimes so strongly injected as to give it quite a red appearance.

The lung becomes compressed by the effusion ; if the quantity of the exudation be inconsiderable, the lung still continues to contain air, and is only reduced in size ; but if the quantity be great, the lung becomes gradually airless, deprived of nourishment by the pressure, atrophied, and pressed against the vertebræ. When the two surfaces of the pleura are united by means of false membrane, incysted exudations may, and often do, take place.

Diagnosis.—Percussion.—It is generally supposed that in all cases of pleurisy percussion gives a dull sound. Dr Skoda, however, in his admirable critical treatise on percussion and auscultation, has shewn that, under certain circumstances, there may be a layer of fluid of considerable thickness, nearly one inch, without its considerably affecting the clearness of the sound. The greater or less clearness depends upon these two conditions, *first*, the state of the lung under the effusion, whether it contains air, or is deprived of its air by compression ; and,

secondly, the more or less elastic condition of the parietes that cover the effusion. When the lung below the effusion contains air, it will emit more a tympanitic and sometimes even a louder sound than the normal expanded lung, especially if at the same time that part of the walls of the chest which corresponds to the seat of the effusion be elastic. Afterwards, however, if the pressure be continued, the lung will be deprived of its air, and the part that before gave a tympanitic will then give a dull sound. Hence, the duration of the disease has a great effect on the character of the sounds elicited by percussion. If the lung be airless the sound is dull. If the quantity of the pleuritic exudation be very considerable, filling perhaps the whole cavity of the pleura, the sound on percussion is uniformly dull. If the exudation is not incysted, and can consequently obey the law of gravitation, the fluid collects at the lower part: this must always be borne in mind in making the examination. The sound on percussion must be variously modified as well by the free as the incysted exudation.

Auscultation.—When the amount of effusion is inconsiderable, the auscultatory phenomena remain unchanged. And the character of the changes, that take place when the effusion is considerable, depend on its amount and upon the condition of the lung on which it lies. If the lung still contain air, then both voice and respiratory murmur are indistinct or inaudible. If the portion of lung, from the quantity of effusion or long duration of the disease, be wholly emptied of air, then weak bronchophony and bronchial respiration are audible; and if the amount of exudation be very great, all sound is absent. Of course these observations apply only to simple pleuritis. Cegophony has by some been considered as characteristic of pleuritis, and this view of the matter is still not uncommon. Skoda has shewn, however, that cegophony has no necessary connection with the presence of liquid in the sac of the pleura, and is of little use in the diagnosis.

The rubbing sound is an important indication. It is not frequently heard at the beginning of the attack, because the exudation is not then sufficiently consistent; at a later period it is seldom absent during deep respiration, for the absorption of a part of the fluid brings into contact the lymph-covered

surfaces of the pleura, not as yet firmly united by false membrane, and thus gives rise to this phenomenon. When the lymph becomes purulent, gas is not unfrequently likewise generated, and then the phenomena of pneumo-thorax make their appearance.

The vibrations of the voice, felt when the hand is applied to the side of the chest, is also a useful corroborative indication. When the quantity of effusion is great, the side of the chest on which it has occurred may be unnaturally expanded; if it has been all re-absorbed, then an abnormal contraction of the chest produces permanent deformity of that side.

By means of the physical indications, we are enabled to determine the quantity only of the exudation; it is, however, not less important to determine the quality also, and for this end an exact description of the local and general symptoms is indispensable.

Local Symptoms.—Pain is an almost constant attendant of pleurisy. The degree of pain depends chiefly on two conditions,—the *rapidity* and the *quality* of the effusion; the more rapidly it occurs, and the greater the quantity of plastic lymph it contains, proportionally greater will be the pain. There are, however, some cases of rapid effusion without any pain; one of these we met with last winter, in which a very rapid hæmorrhagic effusion occurred in a remarkably short space of time, without the slightest pain attending it. Were the stethoscope always carefully used, such cases would be oftener detected. The presence and severity of the pain is thus of great use in determining (along with the other signs) the amount as well as nature of the effusion. At first the pain is indistinct and transient, afterwards it becomes constant, pricking, and even tearing; it is increased by respiration, motions of the body, and external pressure; after a time the pain disappears, either permanently or temporarily; if it return, this generally indicates a fresh effusion.

The respiration in pleuritis may be entirely unaltered, or disturbed to the degree of extreme dyspnœa. This depends on the quantity of effusion, the rapidity with which it has taken place, whether it be confined to one or occupy both pleural sacs, and on the healthy or unsound condition of the lungs.

In the case of hæmorrhagic pleurisy alluded to above, there was no difficulty of respiration, although the whole of the left lung, from being infiltrated with tubercle, was unserviceable for respiration. In the writings of the French physicians, several similar cases of great interest are to be met with.

Cough.—Simple pleuritis does not give rise to any cough; cough, when present, depends on pneumonia or bronchitis; in hæmorrhagic pleuritis it is usually caused by the tubercles, which are almost never absent in this variety of the disease.

Position.—The posture of the patient is usually on the back. If the effusion be free and partial, a change to the sound side gives rise to great uneasiness; if it occupy the entire side of the pleura, or is sacculated, then change of position, according to Skoda, has little influence on the symptoms.

General Symptoms.—When the quantity of the effusion is trifling, there is no fever present, when that is considerable, fever is seldom absent; but there are great differences in this respect, which are determined chiefly by the *quality* of the effusion.

In pleuritis serosa, the fever is of a slow and often of an intermittent character, so as sometimes to be with difficulty distinguished from a true intermittent.

The hæmorrhagic pleurisy is accompanied with those night sweats which so constantly attend tuberculosis.

When there is much plastic lymph in the effusion, and the quantity is considerable, an inflammatory fever is almost never absent, and is usually severe in proportion to the degree of the pleuritis.

Fever.—Between the inflammatory fever that attends plastic pleurisy, and the slow fever that attends serous pleurisy, innumerable gradations, which do not admit of detailed description, occur.

The habit of body of the individual exerts a great influence on the character of the effusion; in the robust it is likely to be of the plastic, and in the feeble of the serous kind.

Etiology.—Mechanical causes affecting the thorax, diseases of the lungs, particularly pneumonia and tuberculosis, are very important exciting causes of this disease. In cases of tolerably severe pneumonia, pleuritis is seldom altogether absent;

and, also, in the course of tuberculosis of the lungs pleuritic effusion usually occurs. How it happens that in some cases of tuberculosis an attack of plastic pleurisy occurs, while in others the effusion is serous, and still more commonly hæmorrhagic, is not to be explained in the present state of our knowledge. We find in books a "chill" given as the most frequent cause of pleurisy. We do not mean to deny that pleurisy may be so induced, but certainly this is a much rarer cause than is commonly supposed. This word "chill" is much misused in medicine, for, with the exception of hydrophobia and syphilis, and a few other diseases, there is scarce a disease which is not ascribed to a "chill." All pathologists demonstrate this most satisfactorily. It is by all means most convenient, and requires very little mental exertion, to explain the origin of diseases in this way; but this will hardly be wondered at when it is considered how superficially our science has been, and still is, cultivated. But if this etiological cause be tested, not at the student's desk, but at the sick man's bed and the dissecting table,—if we regard the thing as it is in itself, not as it is imaged by a fertile imagination—if, farther, experience, which alone decides practical questions, be interrogated, this explanation will not be found satisfactory. Is pleuritis more common among those who, from their pursuits, cannot avoid frequent chills? Is pleuritis ever caused by the sudden and severe changes of temperature undergone in the Russian baths and water-cure of Priëssnitz? In our climate here in Vienna, it is impossible to avoid frequent chills, so here, according to the theory, pleuritis should be more frequent than elsewhere. But unhappily for the theory, and happily for us of Vienna, this is by no means the case: besides phthysical patients are often attacked with it while in their beds and covered with perspiration.

In my opinion the cause of pleurisy is to be sought in a pathological change of the blood; the frequency of pleurisy in persons affected with some dyscrasia, and the resemblance between the so-called "crusta inflammatoria" and the false membrane of pleurisy, may be considered to favour this view. What the changes of the blood are—and how produced—are questions which must be left to our better-informed successors;

and at present we must be content to have pointed it out ; for, while our acquaintance with the physiological condition of the blood is scarce worthy of notice, our knowledge of the pathology of this fountain of life is almost at —0. Attention has lately been directed to the blood, but as yet little has been accomplished, and still less have we attained to a hæmapathology ; for Piorry's work which bears this fair title, is, to say the least, nothing but a romance, which, like other growths of a luxuriant imagination, does not enrich our science.

Complication.—The most common complications of pleuritis are pneumonia, tuberculosis pulmonum, acute and chronic bronchitis and pericarditis, and numerous gastric and bilious derangements.

Course and Duration.—The duration of the disease is very uncertain, the plastic pleurisy runs in general a rapid and the serous a slow course, but it is affected likewise by very many other circumstances.

Termination.—When the termination is favourable, the serous fluid is absorbed, and the plastic lymph formed into organized bands, which, though they unite the two surfaces of the pleura, yet afford little impediment to respiration.

If a part of the plastic lymph has become purulent, this will gradually be changed into a thick, and ultimately a calcareous deposit. It is very important for the physician to know the process of cure, as it affords an indication for art to induce or encourage the necessary changes. By many, the fever is esteemed a necessary condition of cure ; or, to express it more learnedly, the fever is welcomed as an expression of the re-action of the organism. Nothing is less true, for experience teaches that the cure does not begin until the fever has ceased.

When the event is fatal, death sometimes occurs very rapidly from the compression of both lungs ; generally, however, death is occasioned by the gradual atrophy of the lungs and the diseases of the heart, produced by the great exertion required to propel the blood through the compressed lung, and this gives rise to dropsy and exhausting emaciation.

Before detailing the homœopathic or specific medicines which may be advantageously employed, we shall view some-

what narrowly the allopathic practice. Of course it is not expected that we detail all the remedies which have been proposed by the old school, it will be enough to notice those in most general repute ; and first upon the list stands—*bleeding*.

In the allopathic school, it is especially in *pluritis plastica* that recourse is had to the lancet, and if there be much pain and fever present, and the patient be oppressed with dyspnœa, the first step is to bleed, and this rude procedure they arrogantly style rational treatment. We have seen that the process of cure in *pleuritis* consists in the absorption of the fluid, and organization of the plastic lymph ; and all that the physician can do is to assist nature to effect this, either in the way of assistance or direction. He must, therefore, endeavour to arrest the progress of the disease, and to remove the obstacles that oppose the cure. It is hard to see how bleeding can effect these indications, and experience cannot boast of the success of practice. Does bloodletting favour absorption ? Experience says no.* On the contrary, morbid secretions commonly take place after much bloodletting, and effusions are particularly frequent in patients in a state of anœmia.

Does bloodletting favour the organization of the effused lymph ? This no one will in earnest maintain, although, according to Magendie, there never was absurdity which physicians did not defend. Perhaps it is supposed that bleeding prevents the effusion taking place, or at least its recurrence. But if the *pleuritis* begins with severe febrile symptoms, the effusion takes place with such rapidity, as to anticipate the arrival of the physician ; and if this should not be the case, the cautious physician will certainly wait to see in what these febrile symptoms issue, as they may as well terminate in typhus, or some exanthematic fever, in which the withdrawal of blood would not be justifiable, even according to the prevailing principles ; and just as little could he prove that *pleurisy* would have come on, had he not prevented it by the bloodletting. Besides, it is false that bloodletting arrests the advancing disease, and prevents the deposition of fresh plastic

* This statement requires to be received with certain reservations ; for while it is undoubtedly true that anæmia induces effusion, it is hardly less doubtful that moderate bloodletting favours absorption.—Eds.

lymph. Any one who carefully uses the stethoscope and plesimeter, will soon learn that bleeding has absolutely no influence upon the deposit that occurs in pleuritis. If it were possible in bleeding to withdraw only that part of the blood which fed the disease, then were bleeding an inestimable measure; but while we withdraw only a small portion of that part of the blood which fosters the disease, we withdraw a large quantity of good blood, the *pabulum vitæ*, and hence its inutility. We have before observed, that the cure begins after the fever has ceased; perhaps, then, bloodletting can mitigate and arrest the fever. But since the fever depends on the exudative process, as bloodletting does not arrest *that*, it is obvious it cannot arrest the fever either; hence also the reason why it does not allay the pain. But some reason must exist for its employment. Certainly; but the reason is insufficient. It is, that the quantity of the blood in the lungs is lessened, and the dyspnœa relieved. This relief, however, as we have shewn above, can only be temporary; it does not cure the cause of the dyspnœa, nor justify the waste of the most important fluid of the body.*

In regard to local bleeding, the same applies. Magendie observes,—“Between the leeches that cover the breast and the seat of the disease lies the whole thickness of the parietes of the chest, a distance as great as between rude empiricism and enlightened medicine.”

After the inflammatory process has subsided, the intrepid allopath advances straightway with his blister or sinapism. In vain is benefit expected from these measures; although Piorry naïvely expresses his opinion that the serum of the blister must have a marvellous effect in lessening the effusion; and Andral attributes wonderful benefit to the irritation of the skin. Are these gentlemen in earnest? If so, my own

* Dr Trinks observes—In a fifteen years’ practice, I have never ordered a bloodletting, and I can assert upon my conscience, that I never have had cause to repent not having done so. But I have seen many cases in which, in spite of repeated bleedings, the disease had taken a dangerous turn, and in which the fatal termination was only averted by the administration of the specific medicine—particularly cases of inflammation of the lungs and bowels.

explanation is, that blisters operate in France very differently from what they do in Vienna. At the desk, indeed, the necessity and propriety of derivative measures in pleuritis may be beautifully demonstrated; but is not this silently refuted by the sober observations of the sick-bed and the dissecting-room; and we cannot but pity those who praise or adopt a rude practice, sprung from the infancy of the science. It were indeed well if the so-called derivative applications were of a tythe of the advantage that are so elegantly described in books. Sometimes, by the greater severity of the pain of the irritated skin, the pleuritic pain is not so much felt; generally, however, the pain continues despite all our derivations, and when the pain abates during the application of the would-be derivative measures, this is not in consequence of these, and would have occurred of itself at any rate, without torturing the patient. It may be a question, however, whether homœopathic medicines may not, in some cases, be, at the same time, endermically employed with advantage; and, to satisfy the patient, there is small objection to the use of hot or cold embrocations. As to the other remedies in use in pleuritis, as many of them are fast losing credit, and others, such as tart. emetic, digitalis, &c., are homœopathic in their action, their minuter examination need not detain us longer, and we shall pass at once to a consideration of the strictly homœopathic treatment.

Aconite.—When the pleuritis is characterized by the plastic nature of the effusion, and the severity of its inflammatory fever, there is no medicine so frequently of use at the commencement as aconite. I have never observed aconite exert a direct effect in promoting the absorption of the effusion; but as the process of cure does not begin while the fever lasts, of course it is of great consequence to allay this as soon as possible. Whatever explanation we choose to adopt of the theory of its operation, of the fact there can be no doubt, that aconite is the best specific against the inflammatory fever. According to our experience, when aconite is to be of use, its good effects are quickly manifested; if the abatement of the fever does not shew the success of its administration, we very soon select some other medicine. In a few hours the fever

should be allayed by the use of aconite ; and if it still continue, some other remedy must be chosen to prevent its lapsing into a chronic complaint, and no remedy is so powerful at this stage as *sulphur*.

When the effusion is rather serous than plastic, aconite is of little service ; as also where there is a return of the fever, the effect of aconite diminishes with each recurrence of the febrile attack.*

Arnica is of great use when the pleuritis is caused by external injury. It is a remedy at present far too little employed, and deserves to be held in much more estimation in cases where the object is to promote absorption ; and although it is chiefly useful in plastic pleurisy, yet in serous it ought not to be neglected.

Arsenic is especially indicated in serous pleurisy, and our confidence in it is so great, that we wholly despair of the possibility of curing a case of serous pleurisy in which arsenic has produced no beneficial change at all, as in the art-defying hæmorrhagic effusion. The first good effects of arsenic are manifested by the alleviation of the painfully asthmatic respiration ; after this the dropsical swellings abate, the febrile attacks become less frequent, and at length the absorption of the effusion takes place. It is very remarkable that the dyspnœa should be relieved before the effusion is diminished, and is explicable only by supposing the arsenic to take effect on the heart and large vessels, which we know are implicated in the disease, and very much under the influence of this medicine. Yet it is singular that this remedy should temporarily or permanently cure those affections which depend on organic

* Dr Trinks fully concurs with our author in the wonderful effects of aconite in subduing the fever attending inflammations of the lungs, and adds, that he has seen it of use even in cases in which a great deal of blood had been previously withdrawn, without arresting the progress of the disease. In many cases aconite alone will cure the disease, but in others, whose constitution inclines them to tuberculosis, it will not be sufficient. In such cases, in which, notwithstanding the energetic administration of aconite, the fever returned, and dyspnœa and pain continued, *Belladonna*, in sufficient and often-repeated doses, effected the desired service. In other cases, in which the fever had been repressed by the aconite, but the pain and dyspnœa did not diminish, mercury proved of great service, when copious general sweat, more particularly at night, was present, exhausting the patient's strength.

lesions of the heart which are of themselves incurable. Arsenic is also one of those which do good speedily, if they are to do good at all. It is a good sign if, during its employment, the quantity of urine be increased. Arsenic and carbo will suggest themselves when the plastic lymph becomes purulent.

Bryonia—Is known by experiment and observation to exert a specific influence over the serous membranes; and, after aconite has allayed the fever, bryonia is very useful in furthering the cure. When the pleurisy, whether plastic or serous, has become chronic, we have not much to expect from bryonia, although in some reported cases it seems to have been useful in removing collections of fluid. In my opinion bryonia is far too frequently employed in pleuritis, and its utility decidedly overestimated.

Carbo anim. et veget.—These are specifically indicated when the patient's appearance is bad, his skin of an earthy hue—when he is emaciated and hectic at night, and presents the other symptoms of a tendency to a purulent degeneration of the effusion. Carbo is only applicable in the advanced stage of the disease. The effect upon the effusion is not decided, but the more on that account have we been surprised at the general improvement it seemed to cause. We have found it particularly useful against asthmatic complaints, which are seldom absent after a pleurisy has terminated; and it is an admirable remedy when the pleuritis is complicated with chronic bronchitis.

China—is useful in much the same circumstances as carbo, and is particularly indicated when the patient has been drained of much blood by allopathic treatment. Colchicum may be useful when the effusion is particularly serous; but from personal experience we can say little of this medicine.

Digitalis.—There is a great difference between a serous pleuritis arising from increased secreting power of the vessels and a hydrothorax, occasioned by mechanical obstruction, a distinction only observed in recent times by the light of pathological anatomy, and diagnosed by means of the stethoscope. To the previous confusion on this point we must ascribe the discrepancy of opinion that has hitherto prevailed as to the utility of digitalis. The well-informed physician never

will expect benefit from the administration of digitalis in cases of hydrothorax, occasioned by the insufficiency of the valves of the heart, and certainly on that account not depreciate its worth in cases of serous pleurisy when properly indicated. Dr Fleischmann has found the best effects attend its administration in serous pleurisy; and, estimating as we do the experience of this able practitioner very high, it is with the more confidence we recommend the medicine. We always give the first dilution. The higher ones we have often found powerless.

Hellebore—We cannot speak of from personal experience.

Hepar Sulphuris Calcareum—has not as yet been employed generally in pleuritis; and yet we know of no better remedy when the effusion is plastic, and the disease has lasted some time, or where it threatens, even at the commencement, to linger in its course. We have seen the most marked benefit derived from it in cases of long standing, and never have known it fail to do good when the specific indications are present. When the disease is complicated with pericarditis, or bronchitis, that is an additional reason for its use; while, on the other hand, it is of little use when the effusion is serous.

Ipecacuanha is useful as an intermediate remedy to allay the troublesome severity of the attacks of dyspnœa and convulsive cough.

Kali Carbonium may be useful in pleuritis affecting tuberculous subjects.

Lycopodium.—We have never seen the slightest effects follow the administration of this medicine, and have ourselves taken it in every possible dilution without its exciting a single symptom; therefore it would be of great interest if it were re-proved, and this would be more useful to our science than all the theoretical treatises in which, of late years, Homœopathy has been so fruitful.*

* Dr Wurm's experience of the absolute inertness of *Lycopod.* seems to depend on some idiosyncrasy in his own person; and he has been rather hasty in concluding that it has no therapeutic value. Since the appearance of the

Phosphorus.—In that form of pleurisy which so often attends phthisis pulmonum, and when pleurisy is complicated with pneumonia or bronchitis, this remedy is particularly useful.

Sabadilla seems, from its symptoms, to promise much ; its clinical application has not, however, been as yet proved.

Scilla.—The symptoms which squill produces have a great resemblance to those of pleuritis ; and although Hahnemann himself has recommended its use, hitherto it has been but little homœopathically employed. In a few cases of pleuritis plastica, we have tried its effect, after having previously given aconite ; but we did not observe any very brilliant result follow its administration ; we must wait for further experience before pronouncing our opinions upon it.

Sulphur.—It seems to us to be one of the greatest advantages of the Psora theory, that it has taught us the use and virtues of sulphur, more perfectly than we should otherwise have learnt them. If the effusion be serous, sulphur is of no use, but if it be plastic and recent, there is nothing equal to it after aconite has been given ; in chronic plastic pleurisy it is much inferior to *hepar. sulph.* When the fever is not so virulent as urgently to require aconite, we give drops of the tincture of sulphur frequently repeated, and it alone is generally successful in subduing the disease in a short time. Although the fever is very violent, yet if aconite be not immediately useful in allaying it, we do not delay to prescribe sulphur, and hitherto have seen no cause to repent doing so. When the pleuritis has lasted some days, complicated with pneumonia, and the lung is becoming hepatized, aconite will be found of no service, and we must look to sulphur as our sheet anchor. Two years ago we had the treatment of a painter, who, in the

above statement, various practitioners have made known their experience of its action to a certain extent corroborative of Hahnemann's. More especially its efficacy in affection of the kidneys and bladder, chronic coughs, headaches, constipation, and numerous dyspeptic affections. But it must be confessed that the general opinion, and one in which we concur, is, that it by no means fulfils the expectations that might be entertained of its utility from the prominent place it occupies in the hand-books of Homœopathic Materia Medica.—EDS.

opinion of the previously consulted allopathic physicians, suffered under a violent pneumonia. Of course, they thought it necessary to bleed, and drained the patient of 8 lbs. of blood in the course of 11 days, covered the chest with leeches, blisters, sinapisms; while nitre, calomel, and the like, were not forgotten in their prescription. As the patient did not get better, notwithstanding this valiant manœuvring against the disease, it was determined at length to try what homœopathy could do. We were sent for, and found (it was on the 12th day of the disease) the following status morbi:—The whole of the right side of the chest gave forth a dull sound, and the respiratory murmur was quite inaudible. There was considerable dyspnœa, and a deep breath and cough gave great pain; the sputa were of tough sanguineous mucus; the patient could only lie upon his back; the pulse was 120, and the other febrile symptoms were equally well marked. There was no difficulty in the diagnosis; it was an unusually extensive plastic effusion complicated with pneumonia; for, although the quantity of effusion prevented the auscultatory signs of pneumonia from being heard, yet the colour of the sputa and other symptoms sufficiently indicated it; besides the fact that so severe a plastic pleurisy is always attended by pneumonia. The severity of the fever seemed to indicate aconite; but we preferred *sulphur*, owing to the length of time it had lasted, and the hepatization that complicated it. Six drops of the tincture of sulphur were given in half-a-pint of water, and a tablespoonful of the mixture was ordered to be taken every hour. The consequence fully answered our expectation, for, on the following day, percussion under the right clavicle gave a clearer sound, and the vesicular breathing could be perceived. The amendment advanced, and after one week, with the utmost attention and the use of the stethoscope, we could not detect any trace of local disease. The only symptom that remained was the great weakness,—the consequence of the wanton bloodletting. Sulphur was the only remedy employed against the inflammation, and afterwards china was given on account of the weakness. We have often cured similar cases with sulphur alone, and if we

could not always produce such a rapid effect, yet we did require to wait long for a beneficial action.*

What is to be done when all our measures are fruitless, and an agonizing cough and dreadful paroxysms of asthma torment the patient. In recent times paracentesis pectoris has been frequently made, yet hitherto made only after the lung had been compressed and atrophied by long pressure, the benefit could only be very temporary. If the operation is to be performed at all, it should be decided on as soon as it is found that there is a considerable effusion which resists our efforts to promote its absorption, and is worthy of attention as it is neither dangerous nor painful, and not difficult to perform; it never fails to give great relief, and sometimes it is certainly by this alone that an incurable atrophy of the lung can be prevented.

Prognosis.—The principal circumstances to be attended to in forming our prognosis are,—*first*, The quantity of the effusion; the smaller the quantity the more favourable; it is also more favourable if the effusion be confined to one side. *Second*, The quality. If the effusion be plastic, the cure is for the most part rapid; the mitigation and disappearance of the pain, fever, and dyspnœa, are favourable indications. If these symptoms continue in a moderate degree after the acute symptoms are alleviated, we must fear a tedious course, and all the evils arising from a continued compression of the lungs. The so-called typhoid appearances are always bad, indicating as they do a purulent or sanious deposit; and if pneumothorax be already present, there is little hope. In cases in which the deposit is more serous, the prognosis is unfavourable. A sudden additional effusion, attended with acute symptoms, is always to be dreaded. In hæmorrhagic pleuritis cure is never effected; and we should be exceed-

* "I miss," observes Dr Trinks, "in the enumeration of the medicines, one which has performed the greatest service to me, and which well deserves to be borne in mind, viz., *Rhus toxicodendron*. This medicine has a specific effect upon the serous membranes, and seems to bear a closer relation to them than *Bryonia*. It will certainly be of use in serous pleurisy, as it has so powerful an effect on serous exudations generally."

ingly cautious in stating our opinion of the course of the disease whenever we have recognised a hæmorrhagic effusion ; for tuberculosis is a very Proteus of diseases, and the anticipations of to-day are stultified by the events of to-morrow. The fatal termination alone is certain, but the turns and duration of the disease altogether uncertain. The prognosis is naturally rendered unfavourable by all complications of the disease with other dangerous affections, as well as by debility and bad habit of body of the patient.

HOMŒOPATHIC TREATMENT OF ASIATIC CHOLERA.

By FRANCIS BLACK, M.D., Edin.

Our object at present is to give a plain and concise sketch of the homœopathic treatment of Asiatic Cholera, and we do so with the hope that it may lead many surgeons in India to test the value of the homœopathic law as applied to the treatment of this disease : and we also hope that it may not be wholly uninteresting to the practitioner at home, as it will afford him a certain amount of evidence in favour of homœopathy, and may lead him to try the same practice, a little modified, in the treatment of British Cholera.

As a guarantee for the efficacy of homœopathic remedies in cholera, we subjoin a few facts collected from sources upon which we can implicitly depend.*

On Dr Quin's leaving Tischnowitz in Moravia, a letter of thanks was written to him by the magistrates, expressive of their gratitude for his services. Shortly after, a tabular result of the various modes of treatment was drawn up by the authorities, as follows :—

* The greater part of our facts we extract from Dr Quin's admirable treatise,—*Traitement homœopathique du Cholera*. Dr Quin was the first physician who introduced Homœopathy into England. In addition to this work we would also refer to Dr Mabit's pamphlet, which also contains much useful information. The latter author has given a report of cases treated by him in the Bordeaux Hospital.

Cholera patients treated at Tischnowitz from 7th November 1831 to 5th February 1832,—

	Inhabitants.	Patients.	Cured	Died.
	6671	680	540	140
Treated Allopathically,		331	229	102
Treated Homœopathically,		278	251	27
Patients treated with Camphor without a physician,		71	60	11
		<u>680</u>	<u>540</u>	<u>140</u>

Dr Seider treated at Wishney Wolotschok, in Russia, 202 cholera patients. Out of 93 treated in the ordinary way, 69 died ; out of 109 treated homœopathically, only 23 died, of whom 4 insisted upon taking other medicines, 3 were aged 60, and 7 were almost moribund when first seen. Out of 49 persons who treated themselves, 33 died. The following are the results :—

	Patients.	Cured.	Died.
Treated Allopathically,	93	24	69
Treated Homœopathically,	109	86	23
Left to nature or their own caprices,	49	16	33

Another practitioner in the same town lost 70 patients out of 106, treated in the ordinary way.

Dr Bakody treated in Raab, in Hungary, 223 patients ; but separating carefully the sporadic cases, and considering only as cholera patients those whose symptoms were decidedly marked, the number is reduced to 154.

Patients treated homœopathically from the 28th July to the 8th September,—

	Patients.	Cured.	Died.
Cholera,	154	148	6
Sporadic diseases,	69	67	2
	<u>223</u>	<u>215</u>	<u>8</u>

Of these 154, 81 were in the first stage, 59 in the second, and 14 in the third. Dr Bakody observed, that when the cholera was treated homœopathically in the first stage, that it rarely passed to the second, and hardly ever to the third. The

cases treated by him in the third stage, had almost all previously received allopathic remedies.

We add the following table, in order that the two modes of treatment may be compared, as practised in the same town and at the same period.

Population of the city of Raab, 16,239.

	No. of Patients.	Cured.	Died.	Removed.
Cholera patients in the Hospital,	284	154	122	8
... .. in private houses,	1217	699	518	0
	<hr/> 1501	<hr/> 853	<hr/> 640	<hr/> 8

During the duration of the cholera, the deaths from sporadic diseases were 140.

The total of deaths then during the cholera amount to 780; giving the proportion of 5 deaths in 7 patients treated allopathically, and the proportion of 2 deaths in 49 patients treated homœopathically.

Weith, chaplain to the court and the cathedral of Saint Stephen in Vienna, struck with the awful mortality of cholera patients, to many of whom he administered the last rites of his church, resolved to try homœopathic treatment, to which he was favourable; in making these trials, his previous medical education tended to facilitate his labours. In conjunction with his brother, he treated 125 cholera patients living in the neighbourhood of the cathedral, and of these only three died; a very small mortality, especially if we bear in mind that at this period the epidemic in Vienna was at its greatest height.

Results of the treatment of Cholera patients in Vienna.

	Patients.	Cured,	Died.
Treated Allopathically,	4500	3140	1360
Treated Homœopathically,	581	532	49

Giving as the per centage of deaths under allopathic treatment, 31; under homœopathic, 8.

Results of the treatment of Cholera patients in the Hospital at Bordeaux.

	Patients.	Cured.	Died.
Treated Allopathically,	104	32	72
Treated Homœopathically,	31	25	6
Allopathic per centage of deaths,		69	
Homœopathic do.		19	

As this paper is written not only for those conversant with homœopathy, but for those who are probably unacquainted even with its principles, we must of necessity preface the treatment with a few general statements.

The fundamental principle of the homœopathic school is :— That diseases are cured most safely and effectually by small doses of such medicines as are capable in large doses of exciting, by their direct action on healthy individuals, symptoms of a very analogous nature. *Similia similibus curantur.*

If, under the guidance of this law, we examine the homœopathic Materia Medica, in order to discover remedies which produce, when given to the healthy person, symptoms analogous to those of cholera, we shall find that camphor, veratrum, copper, ipecacuan, &c. do so. But experience has led us to administer these and other homœopathic remedies in extremely minute doses, in order to avoid the danger which would arise from the administration of large ones. The medicines are therefore diluted by carefully mixing them with a certain quantity of non-medicinal vehicles, such as sugar of milk or alcohol, in the proportion of one grain or one drop of the medicine to a hundred parts of the vehicle ; the dilutions or attenuations are marked 1, 2, 3, &c. In each dilution the original quantity of the medicine diminishes as the powers of a hundred.

The medicines thus divided are usually made up in the shape of globules like grains of mustard seed ; 2, 4, or 6 of these are a dose.

Only *one* medicine is given at a time, the effects of which must be observed before another is administered or another remedy selected. The same medicine is to be persevered with so long as there is improvement ; no apparent improvement, or the disease presenting different symptoms, calls for the administration of another remedy. While remedies are administered the patient must not be exposed to agents which are liable to disturb the effects of the medicine, such as fumigations, external applications of camphor, laudanum, vinegar, &c.

In the treatment of cholera as well as other diseases, each case should be treated as much as possible as an individual one ; thus a remedy useful in cholera must not be given simply

because the patient has cholera, but as one case of cholera differs from another, so must the remedies be selected in accordance with the totality of the symptoms, and not with the name of the disease. It is, therefore, of consequence that the practitioner make himself well acquainted with the action of the remedies in order to prescribe with success. Our limits enable us to give only the principal indications for the remedies, and we would therefore recommend the careful study of the homœopathic *Materia Medica*, and would call the attention of the English student to the concise, and, on the whole, correct manual of Jahr.*

After a remedy has been administered two or three times without any marked improvement, recourse must be had to another, in the selection of which we are to be guided by the homœopathic law. As long as improvement advances, a second dose should not be administered, but if this be slow, or if the patient relapse, another dose is to be administered, and persevered with every half hour or hour, until there is amelioration. The only thing to be allowed the patient is cold water or ice in small quantities.

SYMPTOMS OF CHOLERA.

First Stage.—The disease generally commences suddenly in the night or morning with borborygmi, accompanied by general weakness and feeling of oppression and fulness; soon watery whitish evacuations occur. Sometimes also it is announced by precursory symptoms of great importance, as they lead the attendants to foresee the dangers of which the patient is himself unconscious. The features express the approach of the affection; the patient is melancholy, his forehead covered with perspiration, he is more sensible than usual; there is paleness, vertigo, noise in the ears, and disordered vision; he supposes that there is a veil before the eyes, sighs as if exposed to the vapour of charcoal. He experiences a feeling of cold currents passing from one temple to the other; upon these soon supervene lassitude and general torpor, sleeplessness; pulsations in the viscera, subsultus tendinum; alternate

* *Manual of Homœopathic Medicine*, translated from the 3d edition of C. G. Jahr, by J. Laurie, M.D. Lond. Bailliere, 1841.

flushings and chills ; the heart beats irregularly. At this period there is sometimes constipation, with feeling as if the patient had eaten too much, even though he has been fasting ; thirst and borborygmi soon occur, and the disease declares itself.

Second Stage.—At this period the characteristic symptoms of cholera shew themselves. Sudden, copious, and repeated alvine evacuations generally precede the vomiting, which symptom is sometimes wanting. The patient experiences frequent desire to go to stool, at first without any effect, but soon followed by copious evacuations of a whitish burning fluid, of a sweetish smell. The vomiting is of the same kind. The frequency of these evacuations are astonishing ; they are sudden and repeated even from twenty to thirty times in the hour. The feeling of oppression changes to that of a burning heat in the pit of the stomach and abdomen ; the features become pinched, the eyes sunken ; the thirst is unquenchable ; the patient eagerly desires cold water, which gives temporary relief, but is soon ejected, owing to the cramps of the stomach. The icy coldness has not yet supervened ; there are symptoms of reaction ; the pulse quickens, the cramps do not appear ; they commence generally in the muscles of the extremities, and then extend over the body. The voice is hoarse and hollow ; the skin has a cold earthy moistness ; that of the feet and hands is shrivelled, like those of a washer-woman who has just been washing ; the tongue is clean. The prostration commences with icy coldness of the skin, the pulse becomes imperceptible ; this sinking of the pulse is the most invariable of all the symptoms ; the alteration of the features is equally characteristic. The eye-lids, ears, nose, lips, and extremities, become livid, the conjunctiva is injected with blood ; the icy coldness extends even to the tongue ; the abdomen is dull upon percussion ; the convulsions become more violent ; the patient answers distinctly to the questions put to him, but already he has a presentiment of death. There is retention of urine ; the secretions in general seem suspended ; the patient lies generally upon his belly, and tosses about from right to left.

Third Stage.—Suspension of the respiration ; general collapse ; the pulse is already imperceptible ; the spasms have ceased ; and the stomach retains all that is swallowed. The

injections are not discharged ; the eyes become injected with blood ; the cornea is dry and hazy ; coma and dyspnœa announce the approaching end, which takes place in general in ten, twelve, or forty-eight hours from the period of invasion.

Such are the general symptoms of cholera ; but it is rare to observe them all united in the same individual ; the symptoms are sometimes confined to evacuations, with retention of urine. The disease commences at one time with alvine evacuations, and at another with vomiting. A variety, and the most fatal of all, is that which is characterized by extreme weakness, followed speedily by a death-like coldness and sudden suspension of the vital functions. The cholera presents extreme variety in the order and succession of the symptoms ; thus, some patients suffer from headache and spasms, followed by copious evacuations like clear water, heat of skin, and full pulse ; but of a thousand cases, fifty at the most have only spasms, these sink rapidly. When the disease is declining, the coldness, and lividity are rarely observed, the symptoms being confined to cramps of the intestines and limbs, with few evacuations ; the mortality then diminishes, as is common to all epidemics, towards their decline.

Sometimes the disease commences with more or less diarrhœa, which, if neglected for some days, soon takes on the characteristic symptoms of cholera.

Prognosis.—Cholera, a disease so frequently fatal, would yield readily to treatment, were the remedies used at the very commencement ; it is therefore of consequence, that not only medical men, but others who are liable to be attacked, be acquainted with the employment of appropriate remedies.

If homœopathic treatment is employed in the first stage, the disease rarely passes into the second, and never almost into the third. Patients even in the last stage have been cured. The state of the patient offers little foundation for a prognosis, the most formidable collection of symptoms being sometimes followed by recovery, while again those of a milder nature pass into the worst form of the disease. Relapses are rare. In general, the patient may be considered out of danger when the stools are observed to be no longer covered with white creamy-looking matter, in which they sometimes con-

tinue to be enveloped some days after the disease has ceased. It is generally thought that the return of bile mixed with the evacuations is a favourable sign. Death is almost inevitable when there is violent gastric cramps without vomiting, and painful hiccough ; sweat without heat of skin is also a fatal sign.

Prophylactic treatment.—*Cuprum* and *Veratrum* have been recommended as prophylactics of cholera. In a district where cholera is raging, we would recommend that half a dozen globules be taken of the 3d dilution of one of these medicines every third morning, dissolved in a tea-spoonful of water. The medicines to be alternated. Dr Marenzeller states, that he gave these medicines to 150,000 persons in Vienna, and none of them fell victims to cholera. The same results were gained among 80,000 people in Hungary and Poland. It is the general experience of homœopaths, that among those who took these medicines and were attacked by cholera, the disease shewed itself in its mildest form ; whereas, at the same time, it attacked with great virulence those who had not undergone this prophylactic treatment. These statements are highly worthy of being tested.

Treatment.—Remedies that have been found useful in cholera :—*Veratrum album*, *cuprum*, *ipêcacuanha*, *mercurius solubilis*, *phosphorus*, *camphor*, *chamomilla*, *arsenicum*, *secale cornutum*, *acidum hydrocyanicum*, *carbo vegetabilis*, *cicuta virosa*, *nux vomica*.

The medicines that have been employed in the affections subsequent to cholera are :—*Aconitum napellus*, *belladonna*, *bryonia alba*, *rhus toxicodendron*, *nux vomica*, *sulphur*, *cantharides*, *cinchona*.

The treatment of the first stage of cholera should commence with the administration of a remedy recommended first by Hahnemann, viz. *Camphor*. Under whatever form the cholera presents itself this medicine may be given during the first hour with a certainty of success, with probability in the second, and was found in Hungary to succeed even in the last stage. It is chiefly useful when there is stiffness of the muscles. The proportions recommended by Dr Quin are a drachm of camphor dissolved in six drachms of spirits of wine ; two drops of this

to be given every five minutes in a tea-spoonful of cold water, iced if possible. The patient should also be kept warm in bed. Improvement is often observed after the third dose, perspiration at first local then general takes place; the vomiting and the diarrhœa diminish; the pulsations of the heart and the pulse become natural; heat returns; the anxious expression wears off, and the cramps become less frequent and violent. In proportion as the symptoms cease the dose is given at longer intervals, until it is given every two hours, and at last only two or three times a-day.

Ipecacuan.—In slight attacks, this remedy may often be given with advantage. It is indicated when vomiting is the predominating symptom, or comes on alternately with watery yellowish diarrhœa, accompanied by colic, or when these symptoms are attended with cramps in the calves of the legs, fingers, and toes. It is never suitable when this disease is at its height. If improvement does not soon follow its administration, recourse must be had to *Veratrum*. The dose is a few globules of the 1st dilution, repeated from ten minutes to two hours, according to the urgency of the case.

Veratrum is the principal remedy in almost all cases of cholera with sudden and frequent evacuations upwards and downwards, coldness of the body, great weakness, and cramps in the calves of the legs, &c. A few globules of the 6th dilution may be given in a spoonful of iced water; if, after ten minutes or half an hour, there is no change to the better, the dose is to be repeated in the same manner. Though, after the first dose, there is no improvement, it should, however, be repeated. Generally before four hours the good results are seen; heat begins to return, perspirations appear, the thirst abates, and the patient becomes calm. If, after several doses, there is no improvement, and the cramps change to spasms and convulsions, recourse must be had to *Cuprum*, and in many cases this latter remedy is beneficially alternated with *Veratrum*.

Cuprum is principally indicated if there are, besides the vomiting and diarrhœa, convulsive movements of the extremities, especially of the fingers and toes, sometimes with rolling of the eyeballs, great agitation and coldness of the

features, pressive pain in the pit of the stomach, greatly aggravated by touch; spasmodic colic without vomiting, or else vomiting preceded by spasmodic constriction of the chest, which obstructs respiration, or accompanied by strong pressure at the epigastrium; difficulty of swallowing drinks, with a clucking noise along the pharynx. In addition to other indications, *Cuprum* should be given when the spasms or cramps are clonic, *Veratrum* when they are tonic. To be given in the same manner as *Veratrum*.

Arsenicum may likewise be alternated with *Veratrum* when the disease is attended with a sensation as if of burning coals in the stomach and bowels, occasional scalding evacuations, accompanied by violent colic, extraordinary prostration of strength, coldness of the skin, and clammy perspirations—in-supportable fear of death, continual agitation in bed. When relief follows its administration, the dose is to be repeated in the same manner as that of *Veratrum*; if it ceases to do good, we are to return to *Veratrum* or *Cuprum*, as the indications require.

If the patient is in a state of almost complete Asphyxia, if the cramps and vomitings have ceased, if the pulse is almost imperceptible, *Carbo vegetabilis* may frequently be given with good effects. Dr Quin gave it alternately with *Acidum hydrocyanicum*. When beneficial, the pulse begins to be felt. Sometimes the pain and cramps, with vomiting and diarrhœa, return; in which case, *Veratrum* or *Cuprum* are again to be resorted to.

Phosphorus and *Acidum phosphoricum* have been employed with great success in cholera, which presents the characters of severe diarrhœa,—a variety which is often passed over as a light matter, being regarded as a simple bowel complaint, until at length the disease passes rapidly from the first to the second, and at last to the third, stage.

One dose is sometimes sufficient to check the disease. In this variety of cholera (*Cholera dysenterica*), *mercurius* and *chamomilla* have also been given with advantage. *Chamomilla* is principally useful when the diarrhœa is attributed to great dread of being attacked with cholera, and when the evacuations are bilious.

The patient ought to be kept warm, and, if necessary, bottles of hot water applied to his feet; a little cold water is to be given from time to time to allay the thirst, and, if possible, occasionally small pieces of ice. Injections of iced water are often beneficial in cases of colic and cramps of the intestines. When there is great irritation and pain in the bladder, a few doses of *Cantharides*, 3d dilution, will give great relief.

If it is wished to administer homœopathic remedies to a patient who has already been treated in the ordinary way, the treatment should be commenced by giving four or five drops of the spirit of camphor, for a short time, and then employing *veratrum*, *cuprum*, &c., according to the indications.

It is rare that a case of cholera treated homœopathically enters into what may be called the fourth stage; that is, inflammation or congestion of the brain, stomach, or intestines, sometimes, but more rarely, of the lungs, and even of the bladder. Sometimes this stage presents the characters of Typhus fever.

In all cases when there appears to be general inflammatory action commencing, a few globules of the 6th dilution of *Aconite* should be given every half-hour for two or three times, and then recourse be had to other remedies, which are to be selected in accordance with the totality of the symptoms.

If there is congestion of the brain, *Belladonna* is the best remedy.

If the lungs seem affected, *Aconite* should be given, followed up by *Phosphorus*; if, after some hours, the difficulty of breathing and pain in chest continue, *Rhus toxicodendron* should be given, especially if the disease assumes a typhoid type.

If the stomach or intestines are principally affected, *Aconite* is to be given, and followed up with *Nux vomica*, and at other times with *Bryonia*. When the bladder is principally affected, *Cantharides* is the remedy. When the disease assumes the appearance of typhus fever, then *Rhus*, *Bryonia*, or *Acidum Phosphoricum* should be given.

For the weakness which remains after cholera, a few glo-

bules of *Cinchona*, 3d dilution, are to be given once or twice a-day. *Sulphur* has been advantageously administered for many of the sequelæ of cholera.

When the patient is convalescent, he ought to observe a very strict diet for at least eight days, avoiding every thing that may disorder the digestive organs.

The medicines given generally, in ordinary cases of cholera, are—

During the period of invasion—*Camphor*.

When there is vomiting and watery evacuations, with slight cramps—*Ipecacuan*.

If to these symptoms are added permanent cramps, great thirst, and excessive coldness—*Veratrum*.

In case of convulsions, bloody stools, or watery diarrhœa and vomiting—*Cuprum*.

EFFECTS OF GALVANISM IN CERTAIN ORGANIC DISEASES OF THE EYE.

The following experiments were made by Dr Lerche in St Petersburg, with the assistance of Dr Crusell, the discoverer of this method of applying galvanism.

1st, A complete leucoma of the cornea, as being a disease which has hitherto baffled all attempts to cure, was chosen for the first subject of experiment. The patient, a boatman, 68 years old, had entered the Institution on account of an inflammation of the other eye. The apparatus used was a simple chain, consisting of a zinc and copper plate, immersed in diluted sulphuric acid. The wire in connection with the copper plate was brought in contact with the leucoma, while the wire from the zinc plate was placed upon the tongue of the patient, and the stream of galvanism was kept up for two minutes. As the patient did not suffer in the least from the operation, and no bad consequences ensued; on the contrary, the white opacity on the edge of the cornea appeared thinner and clearer, the operation was repeated after three days. A distinct change for the better was gradually visible in the consistence of the leucoma, and the patient affirmed upon his part that his perception of light had increased.

Dr Lerche now determined to apply galvanism to the cure of internal opacities of the eye, such as those of the crystalline lens; and the results which Dr Crusell had obtained in his experiments on the eyes of animals, confirmed him in his resolution. The first experiment was made on a pig. A fine cataract needle, fastened to the zinc pole, was pushed through the cornea into the crystalline lens of the right eye, and the wire in connection with the copper plate was put upon the external ear. After the eye had been galvanised for four minutes, the pupil began to look opaque, and the operation was concluded. Similar experiments were made upon the left eye. After a few days *a perfectly developed lenticular cataract* was observed on both eyes, and the animal had become blind. "According to the theory," observes the operator, "the opposite pole of the galvanic battery should dispel the artificially-formed cataract."(!). In the course of ten days the operation was performed. After the eye had been exposed to the operation of the galvanic stream for three minutes, the process of resolution appeared to commence with the evolution of gas vesicles upon the pupil, and the operation was straightway concluded. The pupil appeared rough, and less opaque. In the course of four days it had recovered almost entirely its former clearness; and the vision, so far as could be learnt from the behaviour of the animal, was restored. On the cornea alone, at the circumference of the puncture of the needle, a dim spot remained.

2d, A coppersmith, aged 40, was recently successfully operated on for cataract of the left eye. In compliance with his desire to do something for the right eye also, which was affected with a capsular cataract firmly adherent to the iris, depression and other means were tried, but without permanent benefit. The very large cataract lay immediately behind the somewhat irregular and perfectly immoveable pupil; the patient, however, had perception of light. Galvanism was applied. It was most astonishing to see how, after the very fine cataract-needle in connection with the copper pole had been run into the centre of the lens, while the zinc pole was laid on the patient's tongue, almost before a minute had elapsed, the cataract appeared to expand, increased in vo-

lume, and pressed against the cornea ; then suddenly burst into three parts, one of which entered inwards and above, the other towards the temple of that side, and the third projected downwards into the anterior chamber ; and yet the triangular fissure appeared perfectly clear and black. From the novelty of the thing (it was the first attempt of this kind upon a living man), it was deemed advisable to desist, and the patient immediately saw and recognised a finger held before him, while the left eye was covered, and likewise the faces of persons before him. He had experienced no pain during the operation, which did not last a full minute, nor did inflammation or any other bad consequences ensue.

3d, The third case was that of a peasant aged 40, of a feeble constitution. The patient suffered from considerable amaurotic amblyopia of the right eye, while the left was affected with capsular lenticular cataract, and synochia. The breaking down of the cataract was attempted, but was of no use. On the 17th November galvanism was applied (and this time by means of a Becher-apparatus). After half a minute, the adherent part toward the internal canthus gave way, and an excavation formed around the puncture, while the cataract expanded and protruded. The patient complained of headache ; and so the operation, which had lasted about two minutes, was concluded. Towards evening considerable inflammatory action occurred, attended with great intolerance of light, and constant severe pain, deep in the eye and head. For a considerable time great sensitiveness to light remained, yet the patient was able to recognise small objects when the eye was turned away from the light, the pupil remaining very much contracted. The operation was repeated on the 1st of December, but this time only with the weak apparatus of two plates, such as was used in the first trial, and the negative pole remained only one minute in contact with the eye. Even after this inflammatory reaction followed, but in less degree, and of shorter duration. The vision improved to a certain point, only there remained fragments of the cataract still in the pupil. After this had been expanded by belladonna, a few lymph filaments were discerned, connecting the fragments of the cataract with the edge of the iris, which were easily and entirely removed

by the needle. No unpleasant consequences followed the last operation, and the patient was dismissed on the 6th of April with perfectly restored vision.

4th, The third was the case of a woman, aged 56 years, who had lost the sight of her left eye under severe headache. The capsular lens, which had the appearance of the mother-of-pearl, adhered in its whole circumference to the pupil, the eye was tremulous, and the conjunctiva injected. On the 15th of November 1840, a cataract needle, connected with the negative pole-wire of a pair of plates, was passed through the cornea into the upper segment of the lens, the positive conductor being put into the patient's mouth, and the galvanic current continued for a minute and a half. The upper part of the cataract disengaged itself from the iris, and the pupil contracted. Upon the same day also slight inflammatory reaction occurred, requiring for some weeks severe antiphlogistic treatment. On the 18th of December the patient became affected with erysipelatous catarrhal ophthalmia of both eyes, and, in consequence, the palpebral conjunctiva appeared hypertrophied, and covered with large granulations. This condition, combined with great intolerance of light, was extremely obstinate. In the meantime, however, the vision improved, and the absorption of the cataract continued. After the inflammation had partially subsided, belladonna was dropped into the eye; and then it could be observed that the lens was absorbed, but vision prevented by the remains of the opaque capsule, which were easily removed by means of a needle. The pupil appeared a beautiful black, and the vision was perfect. (Lerche in Berlin Med. Vereinstg. 1841, No. 35; Beilage, s. 171, 172; also Hygæa, xv. Band. v. Heft.)

ON THE USE OF ARSENIC IN A CHRONIC AFFECTION OF THE
DIGESTIVE ORGANS.

By Dr. J. W. ARNOLD of Heidelberg.*

The interesting reports just made "on the Curative Power of Arsenic in Typhus," induce me to call your attention to the

* From the *Hygæa*.

use of this agent in a chronic affection of the digestive organs, while I report to you a case in point. Mr Sch——, a delicate man from youth upwards, suffered considerably during half a year. Grief for the death of a child was the only cause to which he could ascribe his illness. But the predisposition to it appears to have been inherited from his father, who at the same age was affected with a similar disease, of which he even died. The symptoms by which the disease of our patient was recognised, were chiefly the following:—Vomiting, which came on usually from three to four hours after eating, but sometimes much later, as during the night, or not till the following morning. There was vomited, besides food, more or less altered, a sour fluid of very pungent and unpleasant smell. From the time of eating till the vomiting, the patient felt an unpleasant burning, and a very disagreeable pressure in the stomach. These complaints were lessened by the vomiting; he was, however, never quite free from them, they only increased in intensity immediately after eating. These sensations after eating were so painful, that the patient, although not without a desire for food, on the contrary, his appetite being even good, confined himself to what was barely necessary for subsistence; indeed he sometimes fasted for a long time, until want obliged him to take food. Mild food was most easily borne; spiced food, wine, and other heating exciting things, did not agree with him. The bowels were only moved once every two or three days with great straining; the fœces were in the form of little balls not larger than nuts.

On examination of the abdomen no swelling or induration was felt; the patient was merely somewhat unusually sensible to the touch in the region of the stomach. His appearance was miserable; he had a pale colour, perspired much, and was much emaciated.

Under these circumstances I allowed him to continue to take the mild food which agreed with him, and prescribed one drop of the second dilution of arsenic every evening. Soon after the first dose of this medicine the patient felt better; the pain in the stomach decreased, he no longer felt the unpleasant sensation, and the vomiting ceased. This appeared so much the more remarkable to him, as, at the time when he

took the first dose, he was suffering dreadfully from pain. I saw the patient again, for the first time, after he had made use of eight doses, for he lives about five leagues distant, and I found him considerably better. He had no more pain in the abdomen ; had not vomited since he began the arsenic ; the stools were more copious and frequent, and without straining.

The patient felt himself stronger ; had again hope of recovery ; and his appearance was strikingly improved. He complained only of frequent eructations of wind, which, however, was perfectly tasteless.

In the course of three months thirty-two doses, each of 1 gt. of the second dilution, were made use of in this case, which improved the condition of the patient so much, without any medicinal aggravation having been observable, that he might have been dismissed as cured ; for he no longer felt any pain in the stomach ; had a good appetite ; the vomiting had disappeared ; the stool was normal ; he had gathered new strength ; his nourishment and appearance were better than they had been for a long time previously.

I will waste no words upon the nature of this disease, for the practitioners who know the efficiency of arsenic in diseases of the digestive organs, will share with me in the conviction, that, here at least, an incipient disorganization was cured ; but those to whom $\frac{1}{100000}$ th of a grain of such an energetic remedy appears a non-entity, would not, by a detailed exposition, be dissuaded from their opinion, that here a chronic excitement of the stomach disappeared gradually by the withdrawal of stimulating food, and that the first doses of medicine acted beneficially so quickly, only by means of the confidence the patient placed in it. To this I can reply, that the patient had been obliged for a long time previously to confine himself to the mildest food and drink, and that he had already tried many and various kinds of treatment with not less confidence, but without any success. It is, however, only my intention to lay before you here a fact, to which you will be able to add experiences of your own ; I never was a friend of medical proselytism, for I respect every opinion that is founded on real conviction.

Several analogous cases, in which arsenic likewise performed favourable changes, I will reserve for future communications.

STATEMENT OF DR BRENFLECK AT THE MEETING ON THE 7TH
JUNE UPON THE USE OF ARSENIC IN TYPHUS.*

From the Hygæa, vol. xlvii. p. 63.

In consequence of an order from the Grand-Ducal Board of Health, the above-named has drawn up a report of the course and treatment of the disease. “The above disease has raged for four months (I write this on the 5th January 1842) in Horrenberg, I would not say as an epidemic, but sporadically, for the number of sick amounted to at first 1, later to 2–3, so that after one was cured another was seized. At present the number of sick is 5.

The disease, as it appeared in Horrenberg, *has a premonitory stage*; confusion, amounting sometimes to a slight vertigo, impaired appetite, bitter taste, prostration of strength, weariness of the limbs, constipation, slight griping.

2d Stage; the Irritative or Gastric-Inflammatory Stage.—The above symptoms increase in intensity; the fever comes on with more or less shivering and rigors, accompanied by heat. The patient is now confined to bed; he first complains of extraordinary bitter taste, inclination to vomit, pressure in the epigastrium, pain in the region of the liver, or, in most cases, farther down towards the cœcum. In all cases of the disease in Horrenberg which came under my notice, these symptoms were constant, and I look on them as pathognomonic of the abdominal typhus, although many others, as Becker (Preussische Med. Zeitung, 1834, 31), would have the dark-red shrivelled tongue, with concomitant diarrhœa, to be considered as the only pathognomonic symptom. For, although I allow that the above-described symptom of the tongue and the watery stool appeared in most of the cases observed by me, yet I also observed many cases where the tongue looked moist, and as if spread over with soft Limberg cheese, and in which, during the whole course of the disease, constipation occurred. Other symptoms, appearing in a greater or less degree in different persons, and in some individuals not at all,

* This statement is a copy of the official document given to the Government authorities.

were oppressive headach, as if the skull would burst, vertigo on sitting up, buzzing in the ears, loss of appetite, unquenchable thirst, violent or tranquil delirium, the skin feeling dry like parchment, weakness and prostration of strength.

3d Stage ; Stage of Formation of Ulcers.—Sopor, expressionless eyes (glazed eyes) ; *facies hippocratica*, cold perspiration on the forehead ; *fuligo labiorum*, *dentium et lingue* ; parched tongue, which the patient cannot put out ; gurgling in the throat in swallowing liquids (similar to the sound of pouring water into an open well) ; tympanitis ; pain on pressure in the cœcal region, involuntary discharge of fœtid stools and urine ; oppressed breathing, snoring, stammering, or complete speechlessness, small trembling pulse, greatest prostration of strength, picking of the bedclothes, remitting nightly delirium. *The treatment employed by me was the homœopathic.*

In the premonitory stage, medical aid is seldom sent for in the country. In the irritative stage,—aconite 1, belladonna 1, bryonia 1 (from 8 to 10 drops).*

These means soon lessened the great irritation in the vascular system, and gave rest to the patient. The bryonia answered to the gastric affection and the inflammatory or sub-inflammatory condition of the liver ; the pain in the region of the liver soon decreased, and perspirations soon followed, which gave relief.

In the stage of formation of ulcers, I gave carb. veg. 1, and animal. 1, spiritus phosphoratus 0, arsenic. album 2, 3, 4, according to Hahnemann, only with the difference that the dilutions were in the proportions of from 1—9. Later I have found that arsenic answered perfectly in the 3d stage, and performed the most extraordinary service. I give of that remedy from 8—10 drops with sacch. lactis, divided into 8 parts, in twenty-four hours."

Then follows a list of twenty-nine patients whom Dr Brenfleck attended, whose names it is unnecessary to mention. Their ages vary from 15 to 68. Of these only two died, one being a female of a weak frame of body, whose health had been bad for many years, and the other a girl of 15, had been

* Prepared in the proportion of 1—9.

given over to allopathic treatment, after being only four days under Dr Brenfleck's care.

After the epidemic in Horrenberg was at an end, and after finding that arsenic performed such extraordinary service in abdominal typhus, I became bolder in the use of it. I resolved, in the next cases which should come under my notice, to employ that remedy even in the second stage, and rely on it entirely. The opportunity soon presented itself. In the village of Ravenberg 4 cases, in Nussloch 2 cases, in Maner 1 case. The patients were all cured except a woman of 66 years of age, who died in the second relapse of the typhus fever.

Allow me, therefore, my friends and colleagues, to draw your attention to arsenic as a remedy in this fatal disease. It did most wonderful service in cases in which recovery seemed to competent judges to be impossible. I have lately administered the arsenic in general in the second dilution (8 to 16 drops) with sugar of milk, divided into eight doses, one to be given every three hours. It appeared to me in some cases to increase the watery stools, yet I did not allow this to deter me, only I gave on the following day a weaker dose, and the griping pains soon vanished, the watery stools ceased, and gentle perspirations ensued.

I know of several cases in which, even after the first dose of arsenicum album 2 (gtts. 8), the fluid stools ceased entirely. I have therefore lately administered no other medicine but arsenic in this disease.

It proved equally excellent in a children's disease which last year prevailed among us as an epidemic—in the *gastritis mucosa infantum*, and *cholera infantum*. At first I gave veratrum 1 and secale cornutum 1 before-hand. Latterly I gave arsenic alone with sacch. lact., or with aqua distill. (1-1½ unc., ars. alb. 2, dil. gtt. 8.)

If 11 died of the 55 children under treatment, I must explain that these were, for the most part, cases in which death had already firmly grasped his victim, owing to medical aid being called in too late, or too soon dispensed with (in the country from fear of expense), or because the relations despaired of the possibility of the cure.

DR SKODA ON PERCUSSION AND AUSCULTATION.

Ueber Percussion und Auscultation. Von Dr JOSEPH SKODA,
Wien. 1839.

On Percussion and Auscultation. By Dr JOSEPH SKODA,
Vienna.*

Should the reader, on account of the above unassuming title, imagine this little work to be one of those insipid compilations, in which the opinions of standard authors are merely filtered through the brains of shallow book-makers, he will be agreeably surprised on finding that it has been written by one who has thought and observed for himself. The author, however, does not allow the reader to remain in ignorance of what has been done by his predecessors and cotemporaries; but he quotes their opinions chiefly for the purpose of submitting them to a fair criticism, and the test of his own experience. Indeed we do not know whether to admire most the candour with which he states the views and arguments of others, or the independent and yet unaffected manner in which he advances his own.

It may be proper to mention, that the author's position, as superintendent of a large hospital at Vienna, which is entirely reserved for diseases of the chest, must afford him facilities for observation, such as few or none possess. Knowing this, the reader will be at once inclined to attach considerable importance to Dr Skoda's authority on practical questions; and we may venture to affirm, that this inclination, on the reader's part, will be afterwards further supported by his confidence in Dr Skoda's powers of observation.

Every part of the subject has been considered afresh by the

* It is much to be regretted that no English translation of this most valuable and practical book has yet appeared. Those of our readers who are not familiar with German, will find an analysis of the opinions of Dr Skoda in the *Edinburgh Medical and Surgical Journal* for April 1841. An abstract of this is given in *Fletcher's Elements of Pathology*; in the *London and Edinburgh Monthly Journal of Medical Science*, January 1842; and in *Braithwaite's Retrospect of Medicine*; and several other periodicals. A review of the original, contained in the *British and Foreign Medical Review* in July 1842, should also be carefully perused. See also a paper on the *Stethoscope* by Dr Williams, in the *Medical Gazette*, Dec. 16. 1842, which did not appear until this article had gone to press.—EDS.

author, and treated with originality ; so that, if the reader is not always convinced of the truth of the author's views, he will nevertheless find that he has gained something by a perusal of them ; for the thoughts of an original mind, however erroneous they may be, are almost always suggestive, and tend a great deal more to excite inquiry than the hackneyed truths of the copyist.

One or two very commonly admitted doctrines are strongly contested by the author, and several new ones are advanced. But the general tendency of his work is to simplify the subject, and not to multiply varieties and subdivisions by exaggerating the importance of subtle distinctions—an error to which such an extensive field of observation as the author's would have exposed a less philosophical mind. In a science like medicine, which suffers so much from lax definitions and unsound principles of classification, and which delights infinitely more in the endless accumulation of half digested facts, than in a strict co-ordination or repeated examination of them, this logical and patient spirit of inquiry displayed by Dr Skoda, cannot be too highly commended.

In bringing these general remarks to a close, we must once more bear testimony to the irreproachable modesty and simplicity of style observable throughout the whole work. These are precious qualities, that contrast too forcibly with the flippancy and arrogance of superficial writers, not to be deemed certain indications of a highly philosophical mind, and, as such, deserve to be fully acknowledged whenever they are met with.

We shall commence our review of Dr Skoda's work by examining his theory of the Stethoscope and of Bronchophony, as a previous discussion of the principles on which these depend, will enable us to appreciate Dr Skoda's views of many other questions more correctly than we otherwise could do.

Dr Skoda denies fundamentally that sound is transmitted better by solids than by air ; he even gives a decided preference to the latter. He maintains, therefore, that the air contained in the stethoscope is the true conductor, and not the wood ; in like manner, that the condensation of the parenchyma of the lungs does not give rise to bronchophony or bronchial respiration, by *transmitting* the voice more effectually to the ear. We shall afterwards see that he explains the

intensity of the bronchial voice, by shewing that a condensation of the parenchyma must afford the best conditions for increasing the resonance of the air in the bronchial tubes, by rendering their walls firmer, and better adapted than they are in the healthy state, to reflect the sound within their cavities from side to side.

With regard to the first proposition, Dr Skoda argues, that all experiments which have been undertaken to prove that solids were better conductors of sound than air, are inconclusive, because care has not been taken to experiment on equal volumes of both media. We all know that if we apply one end of a solid body to our ear, and the other to a watch, we shall hear the ticking much more distinctly than if the watch had been suspended at the same distance in the air. But this experiment does not prove the air to have been the worse conductor ; for, according to the law of reflection, the smaller volume of the solid body enabled it to transmit more sonorous rays to the ear than the air. When sound attempts to pass from one medium to another of a different density, only a portion of it is transmitted, and the remainder is reflected into the original medium. It is clear then, in the above experiment, that in one case the sound was diffused throughout the air of the whole room before it met with a surface to reflect it again towards the ear ; whereas, in the other case, it suffered reflection at all points of the circumference of the solid body, and must therefore have been conveyed in a condensed state to the ear. The superiority of transmission observable in the solid body, might only have been due to condensation ; it remains therefore still to be proved, whether an equal volume of air insulated in the same manner, would not have been an equally good conductor. Dr Skoda thinks it would have been a better one, as we have said, and that the general use of a tubular stethoscope would alone be a sufficient authority for such an opinion. Far from contenting himself, however, with this argument, he endeavours to decide the question by an experiment, which we will describe in his own words.

“ If we apply one end of a wooden tube to our ear and the other to a watch, so that the watch is in contact with the whole circumference of the tube, we hear the ticking simultaneously through the wood and through the air of the tube. In like manner, if we fit into the tube a

solid cylinder of wood, we shall hear the ticking through the wood of the tube and through the solid cylinder. Now, if the wood transmitted sound better than the air, we ought to hear the ticking louder in the second case than in the first. The contrary, however, takes place, as every one may easily convince himself."

We do not consider Dr Skoda's experiment to be at all decisive of the general question, whether solids or air be the best conductors of sound, as we shall afterwards explain; but it is clear that it proves the superiority of a tubular stethoscope over a solid one, though, we would suggest, this may be done in a simpler and readier way, by comparing a solid stethoscope with a hollow one of equal dimensions. Those persons who fancy that a solid stethoscope answers better than a hollow one, imagine that it must be so, because they believe solids are the best conductors of sound, or, if they have carefully compared the two, they have not experimented with a watch. The advantages of experimenting with a watch in preference to a tuning-fork or the sounds of the chest, when any thing like an accurate result is required, must be obvious to every one. The sound of a watch is regular, uniform in timbre and intensity; not too powerful, and yet perfectly distinct. Moreover, from its small size, it admits of being rapidly passed from one instrument to the other.

We do not think that it is of any practical importance to decide that a hollow stethoscope is preferable to a solid one. The distance that sound has to traverse in these instruments is too short, to render a slight difference in their conducting power of any practical value. If we were obliged to make use of stethoscopes three or four times the ordinary length, the sound would be so diminished in intensity, that the slightest difference would then be of great consequence. It will be remembered, however, that we are discussing this question in reference to a general law concerning the conducting power of solids, in order to arrive at some data on which we may form an opinion as to the cause of Bronchophony.

But, before we proceed farther, we cannot help noticing the opinion of a highly respectable authority respecting the conducting power of the column of air in the stethoscope. It will serve to shew how little is really known of the laws on which intensity of sound depends, even by those who know

most on the subject ; whether learned physicians belong to this class, any more than enthusiastic students and practitioners, we cannot say.

Professor Forbes communicated the following remarks to the Medico-Chirurgical Society of Edinburgh in May 1841 ; and it is but fair to state, that they were not given as the result of a careful investigation, but more as hints to those who had leisure to inquire into the subject. He says—

“ If the hole that is found in all stethoscopes to pass through the centre from end to end, was meant to convey aerial tremors from one end of the instrument to the other, from the chest to the ear, it is of no use whatever ; and this may be proved by the simple experiment of stuffing it with cotton, by which its efficiency is impaired in no sensible degree. It is not a necessary conclusion that the tube is of no use. It is not unlikely that the same section of solid matter vibrates better, and communicates tremors more efficiently to the terminal part of the apparatus, by being expanded into the form of a tube. I do not hesitate to state, that the most sonorous wood is the first requisite of a good stethoscope, as I at once neglect all consideration of aerial vibration.”

Professor Forbes then maintains, that stuffing a stethoscope with cotton does not impair its efficiency ; and, if this experiment were only correct, it would go far to disprove the accuracy of Dr Skoda's observation. There is, however, an obvious error in Professor Forbes's experiment, which has entirely arisen from his having experimented with a tuning-fork instead of a watch. The sonorous vibrations proceeding from a watch, when applied to the extremity of a stethoscope, evidently impinge equally on the wood and on the column of air, precisely as they are transmitted to a stethoscope from the chest. But, if the handle of a tuning-fork be placed *on* a stethoscope, whether at right angles or parallel with its axis, it is clear that the vibrations cannot impinge fairly on the column of air ; for in both cases (we may say in every case in which the handle of the tuning-fork is in contact with the wood) the prongs are directed from the aperture. If Professor Forbes had only brought the prongs of the fork before the terminal aperture of the stethoscope, we are quite sure that he would not have neglected all consideration of aerial vibrations, for he would then have found, that stuffing a stethoscope does most materially impair its efficiency.

Dr Skoda has pointed out one common source of error in all experiments which have been undertaken to prove the general proposition, that solids conduct sound better than air. We will now point out another, and one that is no less important. Natural philosophers have always taken it for granted that we could place ourselves in the same position towards any two media. Now, the anatomical construction of our organs does not permit us to experiment on solid media and on air, precisely under the same conditions. We may take equal volumes of a solid body and of air ; we may give them the same form ; we may render the difference between the density of the medium to be experimented upon and the surrounding one, the same in both cases, by insulating the solid body by air, and the air by a similar solid ; we may produce a primary sound in both media, *i. e.* one consisting of vibrations of the medium itself ; in fact, we may render these conditions as similar in the two cases as can be required of any physical experiment ; but this similarity of conditions can be continued no further than the external ear. A moment's reflection will suffice to shew, that aerial vibrations, conveyed by a cylinder of air, will be transmitted to the auditory nerve under circumstances widely different from those that affect the transmission of solid vibrations, conducted by a solid cylinder of equal dimensions. In the former case, the vibrations are in no way obstructed by a second medium until they come in contact with the membrane of the tympanum. They are conveyed along the auditory canal in a very condensed state. From the membrane of the tympanum they are either transmitted to the membranes of the fenestra ovalis by the chain of bones, or to the fenestra rotunda by the air in the cavity of the tympanum. How different is the course of the solid vibration in the second case ! Immediately at the pinna they meet with a second medium, though this perhaps does not differ very much in density from the first ; and, far from being now conveyed to the labyrinth along a chain of insulated media of small volume, *i. e.* in a more condensed state than they were in the cylinder, they are diffused over the whole head. If the sound was intense enough to make the bones of the head resound, the volume of the head might be an advantage ; but, if not, the sound would be much

diminished by diffusion. However this may be, the dissimilarity of the two cases must be obvious.

All the experiments that are generally considered to decide the question, such as those of Hawkesby, Priestley, Hassenfratz, &c. prove nothing but the truth of the law of reflection. This has been remarked by Professor Müller with regard to some of these experiments, although he decides the question whether solids conduct sound better than air, in favour of the former; and singularly enough, he does this, on the authority of the old experiment, which Dr Skoda so justly criticizes. A bell becomes inaudible in a vacuum, because the difference between the density of the bell and that of the rarified air, and, again, between the density of the rarified air and that of the glass, is much increased; consequently, on attempting to pass from one medium to another, a greater proportion of sound than usual is reflected, and a smaller transmitted. The reverse of this takes place in a condensed medium; a greater proportion is transmitted, a smaller reflected, and for an analogous reason. It would be easy for us to shew that De Saussure's celebrated experiment of firing off a pistol on the summit of Mont Blanc is as little conclusive as the rest; for the more than ordinary difference of density that existed between the rarified atmosphere and the membrane of the tympanum and integuments of the head, was quite sufficient to account for the diminution of sound, even without taking into consideration the depression of bodily energies consequent on great exposure to fatigue and cold.

With regard to the practical question, whether we *perceive* sounds better that are transmitted to us through solids or through the air, a very simple experiment will, in our opinion, decide in favour of the latter. If a watch be closely applied to the side of the head just above the ear, and the openings of both ears stopped, the ticking will be much less distinctly heard than if the watch is held at the distance of half an inch or an inch from the open ear. It will be remembered that the ticking of a watch is produced by the vibrations of a solid body, and that, therefore, it ought to be transmitted according to the law of reflection more readily through the temporal bone than through the auditory canal.

Besides, the watch was much nearer the labyrinth when applied to the temporal bone than when it was held an inch distant from the ear. Professor Müller placed a tuning-fork in vibration on different points of the head, from the vertex to the ears, and found that the vibrations gradually became more intense as the instrument approached the pinna. This he accounted for by the greater resonance of the air in the auditory canal. The same explanation, however, is not applicable to the experiment we have just detailed; for it can be proved that the resonance of the auditory canal was much greater when the ears were stopped, and the watch applied to the temporal bone. Therefore this is only one reason more why the result should have been unfavourable to the transmission by the auditory canal. We could cite many other experiments that would prove the same thing, if our space would allow us, and we did not think it superfluous.

We have stated above, in a few words, Dr Skoda's theory of Bronchophony. We will now consider it in detail. Condensation of the parenchyma of the lungs does not make the lung a better conductor of the voice, but it renders the walls of the bronchial tubes firmer, and this produces a more complete resonance, or, as Dr Skoda terms it, consonance, of the voice. In other words, the voice is not transmitted more perfectly by the hepatized than by the healthy lung; but it is increased in intensity previously to its transmission through the former. We will explain what Dr Skoda means by consonance in his own words.

"A guitar emits a sound when the same note is given out by another instrument near it. A tuning-fork sounds much weaker in the air than when placed on a table. The table, then, much increases the tone, must make the same vibrations as the tuning-fork; it must *consonate*. The sound of a Jew's harp is scarcely perceptible in the air, but becomes much louder when it vibrates in the cavity of the mouth. The air in the cavity of the mouth must increase the sound of the Jew's harp; it must *consonate* with it."

We may remark that, in general, the term consonance is only applied to the musical concords. Professor Müller, speaking of the difference between consonance and resonance, says—

"In order that a sonorous body may consonate (*mitklingen*) or emit its fundamental tone, it must be so tuned as to be in unison with the primary tone; or its fundamental tone must bear a simple relation to the

primary tone. Otherwise it will only resound, but not consonate in its own tone. The intensity of resonance also depends, *ceteris paribus*, on the pitch of a sonorous body, and its relation to the primary or exciting sound."

Our knowledge of the laws of resonance is not so clear as to render our use of these terms very precise. But whether the distinction be well grounded and universally adopted or not, the examples that Dr Skoda has given us, most clearly illustrate what he means. Though consonance does take place in one example at least, resonance is the general result; and it is evidently the existence of this latter that he wishes to prove. We shall, therefore, make use of the term resonance instead of consonance.

Nothing is easier than to prove that the air of a cavity resounds when sonorous vibrations are communicated to it. Every one knows that, if a tuning-fork is held before an open tube or before the mouth, its sound is perceptibly increased. No doubt that the sonorous wood of a violin or guitar is the principal source of resonance in these instruments. It would be ridiculous, however, to suppose that the air does not resound too; but it would be far more ridiculous, after seeing that the air does most notably contribute to the increase of the sound, by conveying the pulses of the vibrating walls from side to side, and thereby increases the strength of their vibration as well as of its own—to dream of nothing more than the *mere transmission* of vibration from one substance to another, or of the *ordinary communication of sound of other authors*. What passes within the cavity of a violin has no more to do with the *communication of sound of other authors* than what passes in the kaleidoscope has to do with the transmission of light. Resonance and transmission of sound are not synonymous.

With regard to the Jew's harp, Dr Skoda's statement, both as to fact and theory, is quite correct. The air in the mouth does resound and even *consonate*. If the reader will only take the trouble to make the instrument vibrate freely in the air and then bring it close to his mouth, or put it into his mouth, without its touching the teeth, we are quite sure that he will find the sound perceptibly increased. This is all that Dr

Skoda said ; he never directed it to be held between the teeth. Besides, every schoolboy knows, that, in order to change the pitch of the instrument, he must modify the size and shape of the cavity of his mouth ; he must increase or diminish it accordingly, as he wishes to produce a low or high note. The air then emits a different note each time its quantity is increased or diminished. This note is not necessarily the same that is given out by the tongue of the instrument ; for of itself the tongue can only sound one note primarily, as it is always made to vibrate in the same manner by the finger. Consequently, the air gives out its own note each time, and may be said, therefore, to consonate in the truest sense of the word. The theory of this little instrument is by no means so clear as some imagine. At any rate, we may venture to affirm that there is something more in the modifying influence of the air in the cavity of the mouth than can be explained by the *mere transmission of sound or the ordinary communication of other authors*. It is needless to say that the jaws resound and materially augment the sound.

But let us proceed to give an account of the experiments on which Dr Skoda attempts to establish his theory.

In order to determine by direct experiment whether the hepaticized lung was a better conductor than the healthy one, Dr Skoda removed one of each kind from the body. He then placed two stethoscopes at certain distances from each other alternately on each lung. An assistant spoke into the ear-piece of one of the stethoscopes, while Dr Skoda applied his ear to the other. On comparing the two lungs, it was found that the voice was transmitted a little better by the healthy lung ; though the difference, he adds, was so slight, that, had it been to the advantage of the other side, it could still never have explained Bronchophony.

He found also, that, by introducing a tube into the larynx and speaking into it, whether the lungs were *in situ* or removed from the body, it was very seldom that the sound heard during life could be again produced. It was generally remarked that the sound was heard more distinctly on the side of the healthy lung. If the lungs had been removed from the body, it was sometimes observed that the sound from the

healthy lung approached in intensity the voice that was heard during life from the hepatized lung. No better result was obtained by blowing into the lungs through the compressed glottis.

Dr Skoda argues that the voice must be better transmitted to the walls of the chest by the healthy lung than by one that is hepatized, because the air in the former is a continuous medium from the larynx to the minutest vesicle; and if the experiments just cited do not prove this as much as they ought, it is because the bronchial tubes almost always contain fluid after death, so that the communication between the minutest branches or excavations in the parenchyma and the larynx, is cut off by the presence of mucus, blood, or serum.

We must here observe, that the tones of the larynx are primarily produced by the vibrations of the chordæ vocales, and not, as Dr Skoda thinks, by the air; consequently, they ought to be more readily transmitted to the walls of the bronchi. Again, supposing the tones of the larynx to consist primarily of aerial vibrations, the fact of the air forming one continuous medium from the larynx to the minutest vesicle, does not prove that the voice can be more readily conducted to the walls of the chest by that medium. Sound is propagated in straight lines, which radiate from all points of the sounding body. It cannot be supposed, then, that the sonorous vibrations can arrive at the ultimate vesicles by following the course of the air in the bronchiæ. It will be remembered that the direction which a sonorous ray takes on being reflected from a surface, depends on the angle with which it impinges on that surface. Therefore, in order that sound should follow the course of the bronchial tubes, it is necessary that the branches of the bronchiæ should be constantly given off at such angles as will render their axes coincident with the reflected ray. It is obvious that no such arrangement as this exists in the lungs, consequently, sound can only penetrate to the ultimate vesicles, by passing through successive layers of parenchyma and air. The tissue of the healthy lung resembles as much as possible a piece of sponge or cotton, and must be, for the reasons just given, considered an equally bad conductor. We confess, therefore, we are at a loss to explain how

Dr Skoda found the healthy lung so good a conductor as he did. There is no inaccuracy in the experiment, as it is detailed, that we can point out, which would at all influence the result; and yet it is too much in contradiction to well-known facts, to allow of its being accepted as correct without farther confirmation.

We will now relate another set of experiments, of a more satisfactory kind, which, in our opinion, very clearly prove the correctness of Dr Skoda's views respecting resonance.

We quote from his work.

“The coats of the intestines resemble the membranaceous parts of the bronchiæ, as regards their power of reflecting sound; while the substance of the liver or heart is equivalent in this respect to the parenchyma of an hepatized lung.

“If a person be made to speak through a stethoscope placed on a piece of intestine that is filled with air, it will be perceived on listening with another stethoscope applied to the other end, that the air in the intestine consonates. The consonance is less perceptible when the intestine is more distended than when it is somewhat relaxed. If the stethoscope be not applied immediately to the intestine; but if a piece of liver, or another piece of intestine filled with water, be interposed between them, the consonance of the air in the intestine is no longer perceived, or it is very trifling, provided the interposed layer be only half an inch in thickness, and merely covers the mouth of the stethoscope. If a duct be bored in the substance of the liver, but so as not to pierce its entire thickness, and a person be made to speak through a tube placed over the opening so as to close it entirely, the voice will be heard so loudly through another stethoscope, placed along the direction of the duct, and at a tolerable distance on either side, that it by far exceeds the voice that reaches the open ear from the speaker's mouth. Some inches of liver, lung, or bone and cartilage, may be interposed between the duct and the stethoscope, and the voice will still be heard, though it becomes weaker, the thicker the layer is, that is interposed, until it is at last inaudible.

“If the liver be immersed in water, and care be taken to prevent any water from getting into the duct, the voice will be still heard through the stethoscope, even through a layer of water one or two inches in depth, and beyond.

“This experiment is still more easily performed with the heart than with the liver. A person can be made to speak into the left ventricle through a tube introduced into the aorta. The heart should be first cleansed of its blood; a ligature should be also passed round the left auricle, and the semilunar valves destroyed. The voice will be heard to consonate in the cavity of the heart, even through layers of lung, liver, or water.

“ If the larynx, with the trachea and the two bronchi, be removed, and a person be made to speak into the lungs, the extremities of the bronchi being closed by a ligature, the result will be precisely the same as in the last experiment.

“ If a piece of intestine, filled with air, be immersed completely under water, and two stethoscopes applied at any distance from each other, care being taken to prevent the water from getting into them, it will be found that the air in the intestine consonates much more than when the experiment was made out of water. If a portion of the intestine is allowed to rise above the water, the sound decreases in intensity.”

There can be no doubt, then, that Dr Skoda has succeeded in proving that, when aerial vibrations were communicated in those experiments to confined air, the air resounded; that the degree of resonance was in proportion to the firmness of the walls of the cavity; and that the walls themselves had little or no part in the resonance except in insulating the air. If the walls resounded much of themselves, the sound would have been increased in his last experiment, when the intestine rose above the surface of the water. When under water the walls of the intestine were less insulated than in the air, and would therefore have been more likely to transmit the sound at once to the water, than to resound.

The only circumstance that is wanting to complete the analogy between these experiments and the facts they are intended to illustrate, is a perfect identity of primary sounds. In Dr Skoda's experiments, the primary sound was the voice issuing from the mouth, and this consists of aerial vibrations; whereas the voice communicated to the chest during life consists of the vibrations of a solid body—the *Chordæ vocales*. This objection, however, could only affect the explanation of Bronchophony, but not that of bronchial respiration; for every one must admit that in the latter, the air is certainly as much the primary sounding body as the mucous membrane. But even with regard to Bronchophony, the objection ceases to be valid the moment we are convinced that bronchial respiration and Bronchophony are dependent on the same physical causes.

We would not omit to mention another fact, and one of great importance in a practical point of view, which goes far to prove the correctness of Dr Skoda's theory. Dr Skoda has

directed our attention to the sudden disappearance of Bronchophony, and its equally sudden reappearance after expectoration. He argues very justly, that, if Bronchophony was only the result of a better transmission of the voice through the condensed parenchyma, it could not be subject to such sudden changes. The presence of mucus in the Bronchial tubes would be rather favourable to the transmission of sound than otherwise. Now, if we suppose that an increased resonance of the air is the chief cause of bronchophony, we can easily understand how the presence of mucus in a large bronchus must render the resonance inaudible for the moment, by cutting off all communication between the trachea and the whole lobe to which that bronchus was distributed.

We quite agree, then, with Dr Skoda in thinking, that an abnormal degree of resonance of the air in the chest, produced by a condensation of the parenchyma of the lungs, is the chief cause of Bronchophony and Bronchial respiration. But we also believe that the condensed parenchyma is a better conductor of sound than the healthy, and that it therefore contributes in some degree to increase the intensity of the voice.

Before quitting this part of our subject, we would point out a singular error committed by MM. Barth and Roget. They state that the *increased elasticity* of the parenchyma is one of the causes of Bronchial respiration. Really we should have been at a loss to account for such a violation of all common sense, if we had not been assisted in our speculations by two notes at the bottom of the page. We are there informed that the capability to transmit sound presupposes a certain degree of elasticity, and that a solid is a better conductor of sound than air. From these data MM. Barth and Roget seem to have reasoned thus:—A lung is a conductor of sound, therefore it is elastic; a solid lung is a better conductor, therefore it is more elastic.

Dr Skoda considers the following distinctions alone to be of any practical value in auscultating the voice:—

1. The voice that produces a sensation of vibration in the ear, and appears to penetrate the stethoscope completely. Complete Bronchophony.
2. The voice that produces little or no vibration in the ear,

and does not distinctly penetrate the stethoscope. Incomplete Bronchophony.

3. Indistinct buzzing, with little or no sensation of vibration in the ear, and the absence of all sound.

4. The amphoric and metallic echo of the voice.

Our readers will have remarked that neither Pectoriloquy nor Egophony are mentioned in the above list. With regard to the former, we subjoin the following quotation from Dr Skoda's work:—

“One and the same voice must be designated by one name, even if it be produced in different cavities. The problem would be, to recognise, by the quality of the voice itself, whether it resounds in excavations or in the bronchial tubes. This problem is not solved by calling the voice in tubercular excavations Pectoriloquy, and the resonance of the voice in the bronchi Bronchophony, without being able to point out a difference between them.”

“Just as little as Laennec have his pupils and all other physicians been able to point out a difference between the resonance of the voice in tubercular excavations, and the resonance that takes place in the bronchi. On the contrary, almost all authors quote cases to prove that Laennec's pectoriloquy may exist without excavations. Nevertheless, Laennec's division of the voice into Pectoriloquy and Bronchophony has been retained in all works that have hitherto appeared on the subject of Auscultation; and no one even now hesitates to regard pectoriloquy as a characteristic sign of cavities in the lungs.”

MM. Barth and Roget would seem also to have felt the inadequacy of Laennec's definition. “Besides the multiplicity of his distinctions, which prove how little the word pectoriloquy is capable of giving always a just idea of the sign, furnished by the voice, in cases of cavities in the parenchyma, Laennec has been obliged to include in his definition of pectoriloquy *other signs of cavities.*”

But the reader must not be misled by these remarks. It is little more than the term pectorilogony that is offensive to MM. Barth and Roget, for they violate the spirit of their own criticism in the next paragraph, and commit the very same fault with which they have just reproached Laennec. Their improvement entirely consists in substituting the term cavernous voice for that of pectoriloquy. It is true by this change Laennec's three varieties are reduced to one, and the nomenclature is rendered more uniform; for we now have a

cavernous voice, as well as a cavernous respiration and a cavernous cough. But if we demand MM. Barth and Roget how they distinguish their cavernous voice from bronchophony, they will tell us, "that it sometimes pretty much resembles bronchophony, but that these two kinds of voice differ in extent and position; the first being heard more at the summit of the chest, the second at the base and root of the lungs; one generally circumscribed, the other diffused over a greater surface."

We are also told that "there is a difference in the concomitant physical signs; the cavernous respiration and rattle accompany pectoriloquy, while bronchial respiration is a concomitant of bronchophony. At all events, the distinction would be difficult between the resonance of the voice in a cavity, and a bronchophony produced by a dilatation of the bronchi at the summit of the lungs," &c.

May we not say, then, of MM. Barth and Roget, what they have said of Laennec, that they have been obliged to include in the definition of their cavernous voice, *other signs* of cavities; or rather, must we not say that their whole definition is composed of *those other signs*, and that they have not mentioned a single character appertaining to the voice, by which pectoriloquy can be distinguished from bronchophony. In fact, if we eliminate every other sign, not furnished by the voice, their definition of pectoriloquy will amount to this:—"Ille donne parfois à l'oreille une sensation assez analogue à celle de la bronchophonie."

With regard to Egophony, Dr Skoda of course admits its existence, but he denies its semeiological value. He endeavours to prove, first of all, from Laennec's own definition, that egophony cannot be regarded as a characteristic sign of effusion. Laennec, indeed, entirely failed in his attempts to distinguish his mixed egophony from his bronchophony à timbre fêlè: the reader will see what inferences may be drawn from this fact.

"How," asks Dr Skoda, "can we distinguish a bronchophony that is characterised by a sharp, somewhat bleating and cracked sound (à timbre fêlè), and which is not the result of a combination of egophony with bronchophony, from the resonance

of the voice in a speaking trumpet, or in a cracked reed, or from the voice of punchinello; and yet these last are the examples adduced by Laennec to illustrate the signs of a bronchophony complicated with egophony."

We may then, with Dr Skoda, fairly infer from the above comparison, that egophony can exist in pneumonia independently of serous effusion in the pleura; for, were it otherwise, it would have been gratuitous in Laennec to admit a bleating bronchophony (*à timbre fêlé*) distinct from egophony; in a word, Laennec must have met with cases of bleating bronchophony where no effusion had taken place.

Now, if it be evident from Laennec's own statement, that egophony and bronchophony can co-exist without effusion in the pleura, it is not very probable, Dr Skoda argues, that simple egophony cannot also exist without effusion. It must strike every one, he adds, that while Laennec taught that effusion was the cause of egophony, many of his most distinguished pupils observed the existence of egophony in simple pneumonia. Laennec said they had mistaken egophony for bronchophony. But Laennec's simple egophony is not so easily mistaken. At any rate, it is evident that, in those cases in which any mistake was made, there must have been at least a combination of bronchophony and egophony; and this is another argument for the existence of egophony with bronchophony, independently of any fluid in the pleura.

Dr Skoda gives the results of his own observations and experiments in these terms:—

"I have observed Lannec's simple egophony in cases in which fluid was effused in the pleura, as well as in such as did not present the slightest trace of fluid, in pneumonia and in tubercular infiltration of the parenchyma. I have frequently found fluid in the pleura when the resonance of the voice had not the tremulous or bleating character. I have, moreover, observed in cases of effusion, as well as in cases of pneumonia without effusion, that particular words or syllables presented the tremulous or bleating character, while others were entirely devoid of it.

"If a bladder filled with water be placed on the larynx of a person in the act of speaking, the voice will not be heard otherwise than through a piece of liver, &c., of the same thickness. In the experiments above related, with pieces of intestine containing air, with liver, in which ducts had been previously bored, immersed in water, &c., the resounding voice, heard through the stratum of water, was not observed to be tremulous or

bleating. I have several times heard the tremulous sound in experimenting with liver, both in and out of water; but I could never produce it at pleasure. I cannot, therefore, consider egophony to be a characteristic sign of effusion in the pleura. I must even remark that it may be sometimes heard between the shoulder-blades in women and children, whose lungs were perfectly healthy, as has been observed by others."

After this statement, it is clear Dr Skoda cannot admit Laennec's physical theory of egophony. The opinion that a thin layer of fluid, interposed between the walls of the chest and the lungs, is capable of producing egophony, rests, we believe, entirely on one experiment performed by Laennec, in which he found that the voice could be made to resemble egophony by being passed through a bladder filled with water, and placed on the larynx. This fact, however, is contradicted by Dr Skoda; at least it is said that a similar piece of liver produced the same effect. MM. Barth and Roget mention a remarkable case of effusion, which clearly proves that a thin layer of fluid cannot always be the cause of egophony. Effusion had taken place in the pericardium, to such an extent that the fluid occupied the whole of the left side of the chest, and compressed the lung entirely. The cause of egophony assigned in this case by MM. Barth and Roget is the compression of the bronchial tubes. Our readers are aware that Laennec compared the compressed bronchiæ, in cases of effusion, to the mouth-pieces of so many bassoons or hautboys. But Laennec and MM. Barth and Roget allow that compression of the bronchiæ is found to persist in severe cases of effusion, long after egophony has ceased. Why, then, should it be assigned as a cause in this case? It is true, one and the same effect may be produced by different causes, but if it can be shewn that one of these alleged causes exists without producing the effect in question, it can no longer be philosophically accounted a cause, unless good grounds for the exception can be adduced or presumed. It is hardly fair to suppose that the compression observed after the cessation of egophony might have been only insufficient in degree, when we are told that egophony is more often found, and is better marked, in cases of slight than in cases of copious effusion. Moreover, we may add that MM. Barth and Roget admit that, in cavities of a flattened shape and yielding walls, the

voice becomes somewhat tremulous; so much so, in fact, that the only characters by which they pretend to distinguish it from true egophony, are the circumscription, position, and rattle, peculiar to tubercular cavities.

This evidence we think sufficient to erase egophony from the list of pathognomonic signs. We agree with Dr Skoda in attributing the tremulous character of the voice to the vibration of a solid body against the air, or against another solid body, and not to the vibrations of the air against a solid. This is what takes place when we speak against a comb, with a piece of paper interposed between it and our lips; or when we speak with an ivory disc loosely held between the lips and teeth; or when we speak into a stethoscope, with our lips lightly applied to the rim. In the first case, it is the paper against the comb and the air; in the second, the disc against the teeth and the air; in the third, it is the lips that vibrate against the air, and impart to it a tremulous character. Dr Skoda supposes that, in the same way, the vibrations of the walls of the bronchi against the air contribute to produce egophony; and this is an opinion that we may somewhat more readily adopt than he can, since he supposes the voice to consist primarily of aerial vibrations. Mucus is also considered by Dr Skoda to be a possible cause of egophony; it appears to us to be a very probable one. In order that a sounding body should give a tremulous character to the voice, it would seem, from the examples we have just given, to be an essential condition, that it should either vibrate freely with one extremity or border; or, at any rate, that it should be capable of making great vibratory excursions. Now, these are qualities which are certainly possessed in a great degree by loose mucus in the bronchi. It must be remarked, that though these causes may exist in a comparatively healthy state of the lungs, we cannot generally expect to observe egophony, except where the resonance of the bronchial tubes has been much increased. Dr Skoda does not pretend to explain the cause of egophony in each case; nor does he very much insist on the theory he has offered; but he does not hesitate to say that egophony is a sign of no practical value whatever.

Dr Skoda does not say that liquid effusion in the pleura is *usually* a cause of bronchophony, as the most careless and ill-

disposed reader may convince himself by turning to the chapter on Bronchophony. The reader will there find it stated, that complete bronchophony *cannot* be produced by fluid, and that even in cases of œdema with effusion, where all the air has been pressed out of a large portion of the lung, only incomplete bronchophony is generally heard. Dr Skoda's words are—

“In order that fluid alone should produce an increased resonance of the voice, it must be effused in such a quantity that a portion of lung, containing a bronchus with cartilaginous rings is perfectly deprived of air. The percussion sound, therefore, must be dull at least to a greater extent than half the circumference of the compressed portion of lung. If then, when we hear incomplete bronchophony, the percussion sound is not altogether dull, or does not extend so far, it may be announced with certainty that fluid alone is not the cause, but that there is at bottom condensation of the parenchyma. If, on the contrary, the percussion sound is perfectly dull, and extends over a large surface, it is not possible, without other signs, to determine whether fluid or condensation of the parenchyma is the cause of the imperfect Bronchophony. It has been stated that this may be determined by changing the patient's position. I have examined patients with recent as well as with long standing effusions, but have never yet succeeded in finding a sign that could decide the question.

“The position of the adjacent organs may sometimes assist the diagnosis; if the heart pulsates in the epigastrium, and the whole of the left side is perfectly dull, I am convinced that there is effusion.”

(*To be continued.*)

MISCELLANEOUS.

ADULTERATION OF ARNICA.

The great and increasing demand for tincture of arnica has led many drug merchants to vend a root which is not that of the *Arnica montana*, but of some large shrub. We lately examined a large cask of what had been sold as the roots of the arnica, but in the whole lot could not discover a single true specimen. The spurious root is large and woody, evidently of a much larger plant than the arnica. It is a *true root*, whereas the part of the latter that is used is an *underground stem*. The former is woody, and almost devoid of taste and smell, whereas the latter is small, slender, and fibrous, affording the strong taste and smell peculiar to arnica. The spurious specimen can never be passed off upon those who have once seen the genuine root.

CHEMICAL ANALYSIS OF MERCURIUS SOLUBILIS.

Charles, the brother of Mitcherlich of Berlin, has found the beautiful

mercurous precipitate, resembling the pile of black velvet, and generally called Hahnemann's soluble mercury, to be $\text{NO}^5, 3 \text{ Hg. } ^2 0, \text{N H}^5$. Dr Kane taking more pains to avoid partial decomposition during its preparation, finds it $\text{N O}^5, 2 \text{ Hg. } ^2 0, \text{N H}^5$. It is thus a trisnitate of dinoxide of mercury and ammonia.

ON THE PROVING OF MEDICINES ON THOSE IN HEALTH. By DR NEHRER of Vienna.

Bearing this title, there appeared in the "*Medicinische Jahrbücher des Kais. König. Österreich. Staates*," in August and September 1842, a communication of the greatest interest, as marking the very rapid turn of the tide of medical opinion in Austria on the subject of Homœopathy. This journal is the principal organ of the medical profession in Southern Germany: it is published monthly, and contains many admirable original articles by Rokitansky, Engel, Skoda, Rosas, Sigmund, Helm, &c. It is not long since the practice of Homœopathy was strictly forbidden in Austria; the medicine chests of all the Homœopathic physicians seized by the domiciliary police; and even yet no Homœopathic periodical can be admitted without special leave from the Government. So great a change has now taken place, that, in the only great organ of the medical public in Vienna, where, more than in any place, Homœopathy was oppressed and resisted, and its professors stigmatized and persecuted, we find a writer openly avowing his confidence in the system introduced by Hahnemann,—asserting that only by proving drugs on those in health can we be in a position successfully to treat those in disease; that the law of *Similia similibus curantur*, is established by sufficient evidence; and that, under its guidance for nine years past, he has been practising with continually increasing success.

If we have room in our next Number we hope to give an abridgement of this paper, valuable on its own account as well as interesting, as appearing in a journal in which the sciences both of Pathology and Diagnosis are expounded better perhaps than in any other periodical of the day.

POISONING OF FIVE CHILDREN BY COPPER. By DR BEER of the Medical Police of Vienna.

"On the first of April of this year, at eight o'clock in the evening, I received a notice from a surgeon that, in a certain house, several children had been attacked with violent vomiting without any known cause. A narrower examination afforded me the following particulars. At twelve o'clock noon of the first of April, Anna K——n gave to three children, viz.—Frany Krakowetz, aged three years, Elizabeth Fetty, eleven years, and Frany Eigenmann, four years, some confectionary, of which the children eat a portion on the spot, and, carrying a portion home, gave some of it to Mary Stacker, aged eleven, and Anna Schedel, aged six years.

“The following symptoms appeared—in the three children who had eaten at dinner of the confectionary immediately after eating, and in the two who had eaten later some hours after the indulgence:—

“Unquenchable thirst, headache, and giddiness, nausea, dryness of the mouth, frequent vomiting of a fluid, partly yellow brown, partly blackish green, severe tormina at the region of the navel, suppression of urine, slight tension of the abdomen, which was tender on pressure, obstinate costiveness with constant tenesmus, pain in the small of the back, with cold extremities, and cold sweat. After the vomiting had somewhat subsided nervous symptoms were superadded, of which the chief were—very severe headache, slight delirium, tearing pain in the upper extremities, and convulsive movements of the lower, particularly in the calves of the leg, great exhaustion and somnolence, which, in the case of three children, amounted to a comatose condition; the countenance was in parts red, in parts very pale. The pulse in four of the children was very small, contracted, and slow; only in the case of Frany Krakowetz, a plethoric boy, did I find a hard, full, quick pulse, with redness of the face and dryness of the skin. M. Stacker had six attacks of diarrhœa, and Anna Schedel one attack of vomiting of blood and mucus.”

It is not necessary to mention the chemical process by which copper, which must have existed in large quantity in the confectionary, was detected.

The children seem all to have recovered, but one of them, three weeks after this event, was attacked by jaundice, and another of them by a tertian intermittent fever, attended with periodic diarrhœa.

(*Oesterreichische Medicinische Wochenschrift*; No. 35. Vienna, 27th August 1842.)

ON THE TRANSMUTATION OF METALS IN THE HUMAN BODY. By

Dr Osius jun., of Hanan.

For nearly three years Dr Osius had the treatment of a girl 17 years of age, of a decidedly scrofulous habit of body, who, after suffering from first insufficiency, then total suppression, of the menses, became affected with confirmed epilepsy. The attacks always appeared about the time of the menstruation, and for some days subsequent to the attack, besides other phenomena, the urine always presented the most remarkable changes. It was passed in great abundance—soon deposited a rose-red sediment, it then became quite clear and watery, and contained a great number of small, red, gritty globules, like red floor-sand. These appearances of the urine sometimes preceded the attacks, and indicated with great exactitude their occurrence. Among other remedies, chiefly vegetable, a great quantity of oxide of zinc was given; between the 5th July and 30th of October, the patient took 1459 grs. of zinc. About the 7th of September, when the highest dose of zinc was given, amounting to 36 grs. daily, the urine presented peculiarities which it never had done before: it was thick, opaque, opalescent, turbid, flowed

like olive oil, but presented neither a sediment nor any gritty globules. These changes in the urine, which was passed not more frequently than before, and without any complaint, lasted about six days, and appeared every time it was passed. A chemical examination of the urine was made by Beyer, apothecary and medical assessor of the place. From the obstinate constipation of the patient, he was led to expect that the zinc might be found in some of the excretions, and to ascertain the correctness of his suspicion, made the following examination of the urine :—

The urine was first concentrated by evaporation, then digested with nitric acid, and after the acid had been neutralized by ammonia, the liquid was tested in the usual way for zinc. Not one of the reagents employed, however, threw down a precipitate of that metal. The solution of ferrocyanate of potash produced no white gelatinous precipitate, but a red-brown one which was not re-dissolved by the addition of hydrochloric acid. The experimenters were led by this result to try the effect of a polished iron wire. This became covered with a metallic, reddish coating, and a very abundant deposition of this substance took place.

The following experiments were made in the presence of Osius. In one vessel was put urine to all appearance healthy ; in a second, urine decomposed by a solution of sulphate of copper ; and in a third, water with the same quantity of solution of sulphate of copper as in the second. No. 1 did not, on the addition even of a large quantity of ferrocyanate of potash, throw down the slightest precipitate. No. 2 had already, from the sulphate of copper, a greenish sediment. On the addition of ferrocyanate of potash, a precipitate, exactly resembling in colour and general aspect the one described above, appeared. In No. 3, the precipitate was clearer and less abundant than in No. 2, but corresponded perfectly in other respects. In No. 2 and No. 3 the precipitate was as little soluble in hydrochloric acid as that of the urine of the epileptic patient ; an iron wire dipped in Nos. 2 and 3 became covered with a reddish coating. The urine of the patient was examined in the further progress of the cure along with that of her mother ; at this time 24 grains of zinc were taken within the 24 hours. The urine of both contained of metallic products only traces of iron, neither copper nor zinc. The same result was obtained on another occasion, on which 12 grs. of zinc were taken in 24 hours. The patient remained perfectly well until the spring of 1840, when the epileptic attacks returned and were cured by the ammoniacet of copper.

The successive experiments with ferrocyanate of potash and polished iron proved, beyond a doubt, that the urine of the patient contained the greatest quantity of copper at the time when she took the greatest quantity of zinc. The quantity of copper was very considerable : there were about 10 grs. of copper in 16 oz. of urine. Osius most satisfactorily shewed that the copper was neither taken with the food, nor by any means mixed with the urine after it was passed,—that it is not usually found in urine at all, and never in such a quantity ; and thus attempted to estab-

lish that it must have resulted from changes effected by the animal organism.

Dr Osius then constructs a most ingenious argument, derived partly from analogical changes which we know to occur in the vegetable world, partly from the observations of Pfaff, Paulson, and Prout, on the changes that take place in the egg during incubation, in support of the idea that animal organism is able to analyze and reunite, in other forms, bodies which, from their defying the chemistry of the laboratory, have been considered elementary. And he supposes that, in this instance, after the body had been saturated, as it were, with zinc, a sudden secretion of copper from that zinc was brought about by a morbid action of the economy. He enters into the whole question of the probability of the metals not being true elements, and the possibility of their mutual transmutation. We regret exceedingly that our limits prevent us doing justice to his paper: the facts stated, however, and the suggestions made, cannot fail to be interesting—as a side-light thrown by pathology on chemistry—to all who are eagerly watching the evolution of the latter science.—(*Medicinische Annalen, Herausgegeben Von den Mitgliedern der grossherzoglich-badischen Sanität-commission in Carlsruhe, &c.* 8 Bd., 2 Heft. 1842. Abridged by Dr Aitenbergen in *Oesterreichische Medicinische Wochenschrift, Vienna.* Nos. 35, 36; August 27, and September 3, 1842.

NOTICE OF HOSPITAL AND DISPENSARIES.

At present we do not intend to enter upon the details of the numerous charitable homœopathic institutions of this country, but simply to notice their existence. In future Numbers, we hope to be enabled to give full reports of these various establishments.

In London, this year, an Hospital for the reception of patients labouring under acute diseases has been opened in Hanover Square, along with a Dispensary for the treatment of chronic cases. We are indebted to the liberality of Mr Leaf for establishing this institution, which has been placed under the medical superintendence of Dr Curie. The West London Homœopathic Dispensary was opened in 1841 in Newman Street, Oxford Street, under the directions of Drs Belluomini and Dunsford. Another has this year been established in Lambeth, to which Dr Laurie has been appointed. Another is just opened by Dr Partridge in Marylebone. Dr Partridge has also established a private Hospital or Sanatorium in Montague Street, Portman Square, for the treatment of individuals in moderate circumstances. We also hear that another Dispensary is about to be opened by Dr Quin, to whom the honour is due of having introduced Homœopathy into England.

The Edinburgh Homœopathic Dispensary, Spring Gardens, Stockbridge, was commenced in 1841, under the charge of Drs Russell and Black. The first annual report of this institution has just been published.

A Dispensary was opened some years ago in Glasgow by Dr G. Scott.

Liverpool Homœopathic Dispensary, 14 Benson Street. Physicians—Drs Drysdale and Chapman. Patients are seen on Tuesdays, Thursdays, and Saturdays. The Dispensary was opened by Dr Drysdale in a comparatively retired situation on the 25th November 1841; it was removed at the end of June 1842 to Benson Street. It is at present supported by the contributions and subscriptions of the benevolent friends and patrons of Homœopathy; but it is also intended that persons in moderate circumstances, who will not avail themselves of the Dispensary as a charity, may by annual subscriptions obtain advice and medicines for themselves and families. The following tables will shew the progress that has been made:—

19	new patients were admitted in December 1841.
29	..... January 1842.
33	..... February ...
48	..... March ...
54	..... April ...
74	..... May ...
74	..... June ...
57	..... July ...
101	..... August ...
107	..... September ...
139	..... October ...

The number, it will be seen by this table, has been steadily progressive, excepting in June, when the Dispensary was removed from one situation to another, and in July, when the new situation was yet comparatively unknown.

252	patients were prescribed for in August.
298	..... September.
392	..... October.
627	..... November.

Total number admitted in November,—197.

So far as they have been ascertained, the results have been highly satisfactory; the different epidemics of the different seasons have been treated with marked success. Some of the very interesting cases on the records of this Dispensary we purpose to publish occasionally.

We believe, also, that there are private Dispensaries, under the superintendence of other homœopathic practitioners, in London, Dublin, Bristol, Blackheath, Newcastle, Oxfordshire, &c.

HOMŒOPATHIC INTELLIGENCE.

We are very glad to learn, by a letter from Dr Wurm, that there is an immediate prospect of a new Homœopathic Journal being established in Vienna. The names of those to whom it is to be confided are ample guarantees of the ability with which it will be conducted.

There are few recent testimonies more expressive of the deep scientific

progress of Homœopathy than the fact, that, by an order of the Ministry of Brunswick, published in the *Allgemeine Zeitung* of Leipzig, April 1842, Dr Fielitz was appointed to examine in those branches of medicine which differ from the Allopathic school, all candidates for the degree of doctor in medicine, who wish to practise homœopathically. This affords an interesting commentary to the following late decree of the Brunswick College of Medicine—"That no student could receive his doctorate if he entertained the intention of practising Homœopathy;" and more recently the College required pledges of the young doctors not to pursue the homœopathic system.

THE HOMŒOPATHIC CONGRESS OF 1842.

This Congress first met at Köthen in 1829; it has since assembled annually, and the last meeting was held on the 10th of August 1842 at Leipzig. Among those present were, Drs Rummel, Hartmann, and Stapf; Dr Trinks of Dresden, Dr Noack of Leipzig, Dr Lobethal of Breslau, Dr Mellicher of Berlin, Dr Severin of Naples, Dr Rapou of Lyons, and Dr Hamilton of London. Dr Müller of Leipzig was chosen President. In his opening address, among other topics, he animadverted strongly on the disingenuous conduct of many allopathic physicians in Germany, who have not scrupled to denounce HAHNEMANN, and at the same time to profit by his discoveries. As an example, he mentioned a Dr Kindervater of Burgdorf, who has recently celebrated the virtues of aconite as a substitute for bloodletting in inflammatory affections, as if it were his own discovery, not adverting to the fact that it was recommended fifty years ago by Hahnemann, and has since been constantly employed by his disciples. The annual report of the Leipzig Hospital was then given by Dr Noack. As we propose giving the full history of this establishment in the next Number of our Journal, we need not notice it farther here. Dr Mellicher then read a narrative of the diffusion of Homœopathy over the kingdom of Naples, whence he had recently returned. The question of the propriety of the homœopathic practitioners dispensing their own medicines was next discussed. This is a question of great interest in Germany, as many have had to suffer grievous hardships in that country by the rigorous enforcement of laws against the practice; and Dr Rummel of Magdeburg would have been obliged to succumb or leave the place, but for the exertions of his eloquent champion the advocate Weizel, who excited universal indignation by exposing the injustice of wresting obsolete laws to oppress a body of men, offensive only to their brother practitioners, who suffered by the superior success of the homœopathists. The homœopathic physicians of Prague were cited by the Austrian authorities, who, on finding it impossible to reconcile the existing laws with the prevalent practice, dropped the matter—wisely judging that good laws, made for the welfare of society, became bad, so soon as they could not be enforced without injustice; and that matters would right themselves when the

homœopathic system was generally acknowledged. The Manual of Homœopathy, now in progress by Drs Noack and Trinks, was then spoken of. The opinion seemed to be, that it was rather bulky for a manual, but very valuable as a book of reference. We are very much gratified by knowing that this admirable work is being prosecuted, and we trust that it will repay, by its acknowledged value, the labour of its able and indefatigable authors. The meeting was very harmonious, and gave great satisfaction to all present. Dr Trinks was appointed President of the ensuing Congress, and Dresden was fixed as the place of meeting.

NOTICE TO CORRESPONDENTS.

We have to thank Dr Liedbeck, of Upsal, for his very interesting communication. We regret that there is no room for it in this Number, but we hope to publish it in the next.

We have also to acknowledge having received letters from the following distinguished physicians, and to thank them for their kind offer of assistance. May we request of them to lose no time in transmitting, through one of our own foreign agents, the communications they have promised : —Dr Griesselich of Carlsruhe ; Dr Frank of Osterrede ; Dr Lobethal of Breslau ; Dr Wurm of Vienna ; Dr Schroen of Hof ; Dr Buchner of Munich ; Dr Roth of Paris ; Dr Kurtz of Dessau ; Drs Gatti and Soleri of Genoa.

We shall be happy to receive communications, written either in German, French, Italian, or Latin ; and we beg that every thing intended for the Journal may be sent, so as to arrive at least six weeks before the time of publication of that Number in which it is meant to appear.



THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

LETTER TO HUFELAND.

By SAMUEL HAHNEMANN.

Translated by GEDDES M. SCOTT, M.D., of Glasgow.

DEAREST FRIEND!—It is not because of your greatness, Hufeland!—but because of the irresistible attraction of your excellent heart, that I feel so much pleasure in exposing to you my whole course of thought and conviction, as I have long wished to do to the public.

Eighteen years have elapsed since I quitted the beaten path in medicine. It was agony to me to walk always in darkness, with no other light than that which could be derived from books, when I had to heal the sick, and to prescribe, according to such or such an hypothesis concerning diseases, substances which owed their places in the *Materia Medica* to an arbitrary decision. I could not conscientiously treat the unknown morbid conditions of my suffering brethren by these unknown medicines, which being very active substances, may (unless applied with the most rigorous exactness, which the physician cannot exercise, because their peculiar effects have not yet been examined) so easily occasion death, or produce

new affections and chronic maladies, often more difficult to remove than the original disease. To become thus the murderer or the tormentor of my brethren was to me an idea so frightful and overwhelming, that, soon after my marriage, I renounced the practice of medicine, that I might no longer incur the risk of doing injury, and I engaged exclusively in chemistry, and in literary occupations.

But I became a father :—serious diseases threatened my beloved children,—my flesh and blood. My scruples redoubled when I saw that I could afford them no certain relief.

Where could I find assistance, sure assistance, with our theory of medicines, which rest only on vague observations ; often even on pure conjectures :—with these innumerable doctrines regarding diseases which compose our nosologies ? He only can remain calm in the midst of such a labyrinth, who believes, without examination, all that has been said upon the virtues of medicines, because he meets it in a hundred volumes—who regards, as so many oracles, not only the definitions of diseases given by our pathologists, but also the pretended cures of these diseases, in accordance with arbitrary theories, with which our therapeutic works are filled—who does not attribute the instances of death which take place in his practice, to the habit of aiming, blindfold (so to speak)—who does not see that he ought to accuse the uncertainty and the impotence of his art, if in his hands acute diseases are aggravated and prolonged—if chronic affections are generally obstinate ;—who ascribes the whole, death and aggravation, solely to the incurable nature of the malady, the disobedience of the patient, or other similar circumstances ; and whose conscience is sufficiently easy to be satisfied with such excuses, and to continue to encounter diseases viewed through the prism of his systems, with medicines hitherto imperfectly known, the action of which is not without influence on life and death.

Where, then, can sure help be found ? exclaimed the sorrowing father, overwhelmed with the complaint and suffering of his dear children. Everywhere around him he beheld the darkness and dreariness of a desert ; no consolation for his oppressed heart.

Eight years of practice, pursued with the most scrupulous

attention, had already convinced me of the impotence of the ordinary method of cure. I knew too well, from my own experience, what might be expected from the precepts of Sydenham and of Hoffman—of Boerhaave and of Gaubius—of Stoll—of Quarin—of Cullen, and of Dehaen. Perhaps, however, as many great men have already said, it is not in the nature of medicine itself to attain a higher degree of certainty.

Blasphemous, shameful thought ! I exclaimed with indignation. What ? could not the infinite wisdom of the Spirit which animates the universe produce means of allaying the suffering caused by diseases which, nevertheless, it has permitted to afflict mankind ?

Is it possible that the sovereign paternal goodness of Him, whom no name can worthily designate ; who provides liberally for the wants even of animalculæ invisible to us ; who sheds with profusion life and well-being through all the creation—should be capable of an act of tyranny, and not have willed that man, made after his image, should be able, with the divine inspiration which penetrates and animates him, to find, in the immensity of created things, means suited to deliver his brethren from suffering often worse than death itself ? Could HE, the Father of all, behold with indifference the martyrdom to which diseases condemn the best beloved of his creatures, and not permit the genius of man (which, however, makes all things possible) to discover an easy and sure method of contemplating them under their real aspect, and of examining medicines to learn in what case each of them may be useful—may furnish a real and certain assistance ? I had rather renounce all the systems in the world than admit such a blasphemous idea.

No ! there is a God—a good God !—who is goodness and wisdom itself ! There must, therefore, be some method of his own appointment, of contemplating diseases under their true aspect, and of curing them with certainty ; a method which shall not be hidden in endless abstractions, and in purely imaginary hypotheses.

But why has this method not been discovered during the twenty or five-and-twenty centuries in which men have called themselves physicians ?—Because it is too near us, and too

easy: because to attain it there is no need of brilliant sophisms, or seducing hypotheses.

Well, said I to myself, since there must be a sure and certain method of cure, as there is a God, the wisest and best of beings, I will quit the barren field of ontological explanations; I will listen no longer to arbitrary opinions, with whatever art they may be reduced into systems; I will no longer bow before the authority of celebrated names; but I will seek near at hand, where it ought to be found, this method of which no one has thought—because it was too simple, because it did not appear sufficiently learned, because it was not surrounded with crowns for the masters in the art of constructing hypotheses, and scholastic abstractions. It could be suited only to me who would not, to comply with a system, or to flatter a teacher, expose my children to the danger of death, with which they were threatened by the ordinary practice. Hence I derived no vanity from the little book in which I made known this method (*The Medicine of Experience*.) It sufficed me to have found it, to have presented it to my brethren under the simple forms which belong to truth, and to have opened to them a new path, as far as it is possible to do so by writing, that is to say, without demonstration, at the bed of the patient in an hospital.

My own entrance on this new path was by the following train of reflections. By what means, said I, shall I ascertain for what morbid states medicines have been created? Shall I employ *experimenta per mortes* in the diseases themselves? Oh, no! the five and twenty centuries during which this way alone has been followed, shew plainly enough that such experiments lead only to illusion, and never to certainty.

I must observe, thought I, the manner in which medicinal substances act upon the body of man, in the tranquil state of health. The changes which they then occasion do not certainly take place in vain; they must signify something, for otherwise, why should they be effected? Perhaps this is the only language in which the substances can express to the observer the end of their existence: perhaps the modifications and the sensations which they produce in the organism of men in health, when their voice is not stifled by that of morbid

symptoms, are the only language by which they can reveal to the unprejudiced observer their special tendency, the positive and pure energy in virtue of which they act upon the body, that is to say, destroy the harmony which constitutes health, and re-establish it when it has been troubled by disease. How, I continued, could medicines produce what they accomplish in diseases, otherwise than in virtue of this property which they possess of modifying the body of man in health, *i. e.* of producing disease? Certainly, they can cure only in this manner.

But if the effects which medicines produce on diseases, depend solely on the property in virtue of which they work changes (disease) in the healthy man, it follows that that substance, among the symptoms of which is found the aggregate of the characteristic symptoms of any malady whatever, ought to have the power of certainly curing this malady, since there is a very great analogy between the accidents to which this last gives rise, and those which itself excites in the healthy man. *It follows, in a word, that medicines can cure only diseases analogous to those which they are themselves capable of producing, and that they occasion only those morbid effects which they have the power of curing in diseases.*

If I do not deceive myself, I continued, it must be so. For otherwise, how should it be possible that the tertian and quotidian fever, which I radically cured some weeks ago by one or two drops of the tincture of cinchona, should offer symptoms almost identical with those which, yesterday and to-day, I have observed on myself, when, for experiment, I have taken in small quantities 4 drachms of good cinchona, being in sound health? After this, I set myself to collect the symptoms which had been observed, from time to time, to result from medicines introduced into the stomachs of healthy men, and which had been casually mentioned in books. But as I obtained, in this manner, only a very small number of instances, I began to try several medicinal substances on healthy subjects, and I observed that the symptoms they occasioned corresponded wonderfully with those of the morbid states which they could easily and permanently cure.

I could not, then, do otherwise than regard as an incontrovertible proposition, that we ought to renounce all ontological

discussion on disease, a subject for ever enigmatical,—that it is sufficient for him who desires to cure, to consider each malady as a group of symptoms and sensations, in order to be able to destroy it without resistance, with the aid of a medicinal substance capable of producing, by itself, analogous morbid symptoms in a healthy subject, always on the condition, that the patient avoids the appreciable causes of this malady, if he would have the cure permanent.

I discerned that this method of contemplating maladies, by embracing all the symptoms included in each particular case, was the only exact one, the only one likely to direct to a cure ; —that the forms of disease admitted into our nosologies, *those portraits composed of detached fragments of different cases*, ought no longer to impede our forming a true idea of the diseases presented by nature, at the bed of the patient ;—that therapeutic doctrines, with their imaginary indications of cure, could no longer lead the conscientious physician into error,—and that we need no longer lose ourselves in metaphysical and scholastic discussions on the first impenetrable cause of maladies, that hobby-horse of rationalism, which has never conducted to any but chimerical methods of treatment.

I discerned that the only method of cure was found without any addition on the part of man, without the least varnish of science. But this road had never yet been followed. I was obliged to venture on it alone—left to my own strength—aided only by my resources. I did so with confidence and success.

Choose the medicines according to the symptoms which repeated observation has shewn to be their natural effects on the healthy human body ; give them in the case of disease which presents a group of symptoms comprised in the series of those which such or such a substance is capable of producing by itself, and you will cure the disease certainly, you will cure it easily. In other words, seek the medicine which, among the symptoms excited by it in the body of a healthy man, presents most completely the aggregate of those presented by a given case of malady, and that medicine will effect the cure with certainty and ease.

This law, which I have elicited from the very nature of things, I have now followed for many years, without ever

having found it necessary to revert to the ordinary medicine. For twelve years I have made no use of purgatives to evacuate the bile or mucous, no cooling drinks, no resolvents nor incisives, no antispasmodics, no sedatives, no narcotics, no irritants, no tonics, no diuretics, no sodorifics, no rubefacients nor blisters, no leeches nor cupping-glasses, no cauteries ;—in a word, none of those methods which the general therapeutics of different systems prescribes, to fulfil imaginary indications of cure. For a long time I have cured solely in obedience to the law of nature which I have just announced, and from which I have not deviated in a single instance.

And what has been the result ? It has been what it ought to be. I would not exchange for all the most vaunted blessings of the world, the satisfaction which I have derived from this method.

In the course of these researches, which have required so many years, I have made an important discovery. I have observed that, in acting on the healthy man, *medicinal substances give rise to two opposite series of symptoms*, some of which appear immediately, or very shortly after the substance has been introduced into the stomach, or placed in contact with any part whatever ; whilst others, entirely contrary, manifest themselves shortly after the disappearance of the former. *I have determined, moreover, that the only case in which the medicines afford permanent relief, is that in which there is an accordance between the symptoms occasioned during the first hours of their action on the healthy subject, and those of the disease which we would oppose ;* because, then, this last is annihilated with an incredible promptitude by the very analogous malady to which the medicinal substance gives rise. This is what I call the curative or radical method, because it alone cures in a durable manner with certainty, and without bad consequences.

On the other hand, I have also observed (what it is now easy to foresee), that, following the contrary course, which is that adopted commonly by the schools (*contraria contrariis curantur*), that is to say, in opposing the primitive effects of medicines to contrary morbid symptoms, as, for example, opium to habitual sleeplessness or chronic diarrhœa, wine to

an inveterate debility, purgatives to habitual costiveness, we only obtain a palliation, an alleviation of merely a few hours, because after this time has elapsed, the second period of the medicinal action arrives, which brings the contrary of the primitive effect ; *i. e.* a state analogous to that of the disease we oppose, and which consequently cannot fail to increase the disease.

Whenever the ordinary practice encounters symptoms by medicines, it does so only according to rules sanctioned by custom ; *i. e.* in a palliative manner. Hitherto it has not known the curative method which I have just indicated. But this discovery is so important, that, if put in practice, experience would soon teach every one that it is only in applying medicines according to the curative method (*similia similibus*) that a durable result can be obtained in a short time, and by the aid of very weak doses ; whilst the palliative method, followed by all physicians without exception, can relieve only for a few hours, after which the evil reappears more powerful than before—unless, which often happens, the physician prolong this transient amelioration for a few days, by repeating, and each time augmenting, the dose. But, on the other hand, by these strong doses of medicine, which are not curative nor homœopathic, he excites, as consecutive effects, new morbid states, which are frequently more difficult to cure than the original malady, and which not unfrequently terminate by death.

We see, without further argument, that this palliative method cannot be at all efficacious in chronic diseases, nor restore to perfect health those afflicted by them. Experience also teaches us, that hitherto no chronic affection has been cured in a short time by medicine ; and if it happens that patients sometimes are re-established, this result is due to a fortunate change produced spontaneously by nature, or by a suitable medicine, which has accidentally been included among those which have been used, or by some other fortuitous circumstance.

Besides these injuries (often irreparable) which the palliative method inflicts on the health of man, it has the further inconvenience of consuming an incredible quantity of ex-

pensive medicines, which it is obliged to lavish in doses, sometimes enormously large, to produce only some appearance of a favourable result. Thus we see Jones employing, in London, 100 lbs. of cinchona in a year, and there are physicians who annually require several pounds of opium. It is precisely the contrary with the curative method. As it requires only the least medicinal excitement promptly to extinguish an analogous morbid excitement, the necessary quantity of good medicinal substances is reduced to so small an amount, even of those in most frequent use, that I hesitate to mention even an approximation, from the fear of causing too great astonishment.

In following this method, which differs from all others—which is almost entirely opposed to them—the physician cures with surprising certainty even the most inveterate chronic maladies, and *when*, among well-known medicines, he finds one which perfectly suits the case, he accomplishes the cure in an incredibly short time, without leaving any pain—any inconvenience.

Now, if the principal, the sole mission of the physician is, as I believe it to be, to cure diseases,—to deliver his brethren from a crowd of evils which prevent their tasting the pleasures of life,—often render their existence insupportable,—and frequently expose their life to danger, or subvert their reason,—how can he, in whose bosom beats a heart endowed with sensibility, or burns with the smallest spark of those noble sentiments which inspire in man the desire of being useful to his fellow-creatures, hesitate for a moment to choose a method infinitely better than all others, and to trample under foot the dogmata of the schools, even though they boast of a thousand years' duration? The schools teach us not to satisfy our conscience by curing men; but they teach us what we must do to present to their eyes the appearance of wisdom and depth. It is only the man devoid of energy who regards destructive prejudices as holy and inviolable, simply because they exist; the truly wise man, on the contrary, tramples them joyfully under foot, that they may give place to eternal truth, which needs not the sanction of the lapse of time, nor of the attractions of novelty or of fashion, nor of the declamations of party spirit.

It was necessary that some one should break the ice, and I have done it. The way is now open. Every attentive, zealous, and conscientious physician may freely pursue it. If the path which I discovered, while setting at defiance all prevailing prejudices, and simply contemplating nature, be as directly at variance with all the dogmata of the schools, as were the bold sentences which Luther nailed to the Schlosskirche of Wittemberg opposed to the spirit of a crippling hierarchy, the fault lies neither with Luther's truth nor mine.

Refute these truths, if you can, by shewing a still more efficacious, certain, and agreeable method than mine: refute them not by words, of which we have already too many.

But if experience should prove to you, as it has done to me, that my method is the best, make use of it to save your fellow-creatures, and give the glory of it to God.

And you, my dear friend! whose mild Melancthon-soul would willingly unite opposing parties,—since now, for once, the false will not blend with the true,—suffer the guileless seeker of truth, who cannot swerve from his convictions or be seduced, by glare of false and vain systems—even though you cannot give him all your countenance,—yet suffer him hopefully to direct his earnest gaze to the dawning morning-red—the harbinger of *certainly* approaching day.

DISCUSSIONS ON HOMŒOPATHY IN THE BADEN PARLIAMENT.

Translated by J. RUTHERFURD RUSSELL, M.D., Edin.

[In a former Number, we attempted to exhibit the formation and internal organization of Homœopathy as a scientific system, by shewing the successive steps which led Hahnemann to the discovery of its fundamental principle, and to the announcement of the lesser propositions by which it was enabled to become practical. We propose, in this Number, and in succeeding ones, to follow a somewhat similar course. The internal history told itself in the spoken thoughts of its discoverer; the external history, or the relation of homœopathy to other systems and institutions, is to be found in the documents wherein its contact with these institutions is recorded;

and these documents we propose to give as fully as possible, without any comment. Almost all these documents exhibit a struggle in which there was a popular movement to gain a standing place for Homœopathy ; since, for this, as for every other new truth, no room was found on its appearance in the world ; and it could only gain such a position as it was fitted and entitled to occupy, by displacing other systems, and creating a disturbance distasteful to the indolence of all who had secured themselves in the ancient institutions, immutable and unassailable, as they imagined. These watchmen raised an outcry against this, because it was too sudden an innovation, forgetting, it would seem, that the progress of the human mind never has been that of insensible vegetable growth, but always of sudden salience ; and as all progressive movement must introduce us to a new position, so this novelty must always be sudden, and the amount of the distance traversed never can be computed by the men of the generation in which the spring is made, although it generally seems to have a relation to the period of repose that preceded the era of active movement. There is one feature of the movement in respect to Homœopathy, which we believe to be new in medicine : it is this, that there was a strong popular feeling in its favour, entertained by those who knew it only practically, and had experience of its advantages ; that this popular feeling was not confined to attachment to any particular man, much less to any particular medicine for any particular disease, but was a general feeling of preference for the new, and a determination to be allowed to maintain the new—simply as contrasted with the old system ; acknowledging, at the same time, as they did, the great advantages which that had conferred, and that their personal leanings would rather incline them to remain attached to the respected and often beloved practitioners of the old, than to confide in almost strangers who had adopted the new,—but that in matters of life and death, personal feeling of attachment to an individual ought and must give way to the sense of duty of affording to those over whom Providence has given us the guardianship, with all its heavy responsibilities, those means of restoration to health, which have approved themselves experimentally to ourselves as best fitted for that end.]

The following is taken from *Vollständige Sammlung aller Verhandlungen und Aktenstücke der Kammern Badens und Darmstadts über die Ansübung des homœopathischen Heilverfahrens*. Von Dr Griesselich. Carlsruhe, 1834.

Also "Kampf und Sieg der Homöopathie." Fight and Victory of Homœopathy. Published to awaken independent ecclesiastical Physicians who wish to unite the good of both systems.

In the country of Darmstadt, Homœopathy had attained such importance as to attract the notice of the apothecaries. It was practised with great success by Dr Rau of Giessen, the well-known author of the *Organon*, Dr Weber in Lich, physician to the prince of Solms-Lich, and Dr Glaser in Gürnberg. Dr Weber excited special hostility; as he was very successful in the treatment of a very malignant epidemic of measles—having treated 100 children without losing one,—and it was proved by written records, that the village had been saved 400 dollars in the cost of drugs by his system.

The example of the apothecaries in Prussia encouraged the apothecaries of Darmstadt to attempt to suppress the dispensing of medicines by physicians; and on the 13th June 1832, the following order was published by the government in Mayence, Giessen, and Darmstadt:—"There is no permission granted to the homœopathic physicians which allows them to dispense their own medicine, and by this is meant the dilution and preparation of medicines obtained at the apothecaries' shops. The law can make no difference between homœopathic and other physicians; both alike must prescribe medicines for patients out of the apothecaries' shops alone. But it is in the power of homœopathic physicians to be present when the apothecaries prepare medicines, to see that the requisite attention is bestowed on them."

Dr Weber was afterwards fined 30 dollars for giving medicines *gratuitously* to his patients. This fine and the publication of this prohibition to dispense their own medicine, induced 1300 families in Oberhesse and the neighbouring provinces to draw up a petition to the ministry to remove this hard prohibition. The ministry refused to interfere with the law. They then petitioned the Grand Duke, but equally with-

out effect. From this time Dr Sundheim, an advocate, took the matter up, and wrote upon the legal bearings of the question. He also got a petition presented to the Second Chamber of Deputies, begging of them to examine and modify, if necessary, the laws regarding the dispensing of medicines.

A committee was appointed to examine into the matter, and, on the report of the committee, a discussion took place in the Chamber upon the whole question. We cannot better exhibit both the question at issue, and the way in which it was viewed, than by giving a specimen of the speeches made on the occasion. We select, first, that of the deputy Höpfner : —“ The grievance complained of is undoubtedly one of the most important subjects for the consideration of this parliament (*Landtag*), for it affects the question, whether a new medical system, which threatens wholly to overturn the old ones, be allowed to afford the evidence of experience as to whether it deserve the preference or not? That Homœopathy is only a negative system, inasmuch as the medicines cannot operate, and that the homœopathists are mere spectators of a disease until nature afford relief, is a manifest *petitio principii*, since the homœopathists do give medicine, although in small doses. The decision of the matter before us must rest upon the answer to two questions. *First*, Has Homœopathy a claim to be a real scientific system? And, *second*, Does it suffer from a law which stands in the way of homœopathic physicians dispensing their own medicines? Both these questions must be answered in the affirmative. The first admits of no difference of opinion : even the allopathic physicians admit the affirmation ; and if it be admitted, then must the homœopathic physician have the right to practise. Homœopathy is daily gaining ground, and threatens all the other systems with overthrow—and also the pharmacy. Here chiefly does the keen strife between allopathy and homœopathy seem to take place. It is indeed very natural that the allopathic physicians and the apothecaries should employ every means in their power to arrest the threatening storm ; but that can be no reason why the question of grievance should not be fairly discussed by the parliament.

“In reference to the second question, there seems to be no law to prevent homœopathists dispensing their own medicines. If the homœopathists were forbidden to dispense their medicines, it would be equivalent to forbidding them to practise. The apothecaries are not instructed in the preparation of the homœopathic medicines; and, besides, they have an interest in frustrating the efforts of the homœopathists. From these, and other reasons, I am for the passing of the motion (*i. e.* to remove all legal obstructions). It were indeed much to be regretted for the interests of humanity, if homœopathists were, by the dispensing of medicines by physicians being forbidden, unable to afford proof of the superiority of their system to all former ones; for altogether irrespective of its scientific claims, it offers many other advantages in the cheapness of its means, the strictly abstemious diet it requires, and in various other respects which former speakers have enlarged on.” The next speaker, Count Lehrbach, observed—“Homœopathy has been attacked on all sides with sharp weapons, yet has no one ventured to deny that cures have been effected by the homœopathists; they have only striven to ascribe the acknowledged success of homœopathy to other causes than the medicines administered. It is said that the patients get as good as nothing; but *nothing* as yet has ever effected any thing, and the homœopathic cures stand recorded. In the middle ages it was the fashion to persecute and burn witches; and if a steam-boat had then suddenly made its appearance, no doubt it would have been burned as a master wizard. If it is charlatanrie it will soon fall to the ground of itself! How many poor people are now withheld from seeking medical assistance by the expense of drugs and apothecaries’ bills? What an advantage to them if the homœopathists can cure them for nothing? That the physician should be controlled by the apothecary is absurd; for the physician’s highest interest is to cure the patient; the apothecary, whose business, like that of every other tradesman, is money-making, has no such interest, but the contrary. The public voice calls loudly for that new system, and therefore it is the duty of the Chambers to see that it is not

swamped, which it must be, as all homœopathists agree, if physicians be not allowed to dispense their own medicines."

The result of the deliberations was the passing, almost unanimously, of these two motions:—

"1. It shall be allowed to physicians to dispense homœopathic medicines gratuitously.

"2. In case the homœopathists think fit to trust the preparation and dispensing of their remedies to certain officers, a fixed price may be imposed upon the medicines."

The question, thus disposed of by the Second Chamber, then came before the First or Highest Chamber, and a committee appointed to report upon the claims of the homœopathists, recommended "the Chamber to refuse their consent to the address which had been carried in the Second Chamber touching the homœopathic method of cure." Upon which the High Councillor Rau made the following observations:—"For the sake of sparing time, I shall only say very shortly what are the reasons that lead me to dissent from the majority of the committee. My learned friend and colleague, whose report has just been laid upon the table, has fought with the weapons of wit, weapons which I should be loth to employ, partly because it might easily happen that in their use I was his inferior, and thus I might hurt the cause, partly because I hold the subject to be far too serious.

"So much is certain, all the state-conventions in Europe would be quite insufficient to introduce this system, if it did not possess the confidence of the sick, and just as little would state-condemnation materially affect the friends of Homœopathy. To decide upon this medical system, this High Chamber, is as incompetent as it is to decide on any other purely scientific system. But as the subject has come to us from the Lower House, and as no one will deny that those most deeply interested—that is the sick—have a right to a voice as to the character of a physician and his plan of treatment, as much as he who builds a house has a right to give an opinion upon the skill of the architect whom he employs; and as, moreover, the question for us to decide, is not upon the com-

parative merits of different systems, but only upon the external police regulations, I am of opinion that the subject is not altogether beyond our sphere.

“ It is easy, regarding the subject from a theoretical point of view, to find many objections to Homœopathy ; it is easy to prove, on grounds, which the older science gives ready made, that Homœopathy is absurd—nay, impossible ; but hard is it to prove that the facts, which are brought forward in great numbers, are unworthy of credit, and have no existence ; I, at least, consider the reality of numerous homœopathic cures to be quite beyond a doubt. If the reality of a thing be once established, then it is of very little importance whether or not it be accounted scientific. In the province of experience many unquestionable phenomena manifest themselves, which require a century to reconcile them with science ; the phenomena nevertheless remain not the less firm and unchangeable although unexplained. Admirable physicians—bound to me by the ties of confidence and gratitude, are opponents of Homœopathy ; but this can never induce me to go over to their side, since I have had an opportunity of becoming acquainted with many cases which entirely remove any doubts of the excellence of the system. It has been hinted, that homœopathy is not infallible, and that people have even died in the hands of homœopathic physicians. But the system and the physician are yet to be found from whom death snatches no patients. It is an essential requisite for allopathy and for homœopathy alike, that they should be practised by an efficient man.

“ If ill-practised neither homœopathy nor allopathy will avail any thing. Homœopathy has already advantageously stood several trials against allopathy. It appears to me that the motions of the other Chamber contain nothing dangerous ; and I hold it by no means improper to comply with their petition to the government, and countenance (*an zu nehmen*) homœopathy to a certain extent. Homœopathy will indeed not require any such recommendation ; it will work itself through all obstacles if it only be good. The misapprehensions and extravagancies of individual zealots who hurt all good, will of

themselves, on farther trial and greater experience of the system, fall away. And those interested in the advance of Homœopathy might wish to see it suppressed, for suppression of any thing always raises the enthusiasm of its adherents. On this account, if for no other, it is expedient that the state take some step in the measure, because if this system is to be taught at our schools, it is not indifferent how and by whom it is taught. It is important that this new doctrine, or this new series of facts, which has not yet been reconciled to the old one, should be placed in the hands of able and every way experienced physicians, and should thus—derived from the purest sources, and with the best, most unselfish respect for science—be taught from the chairs of the university.”

In opposition to the motion, it was urged by the Chancellor Arens, 1st, “That by doing away with the present restrictive enactments of the apothecary, you removed a wholesome control over all prescriptions.

“2d, That although so much was said of late about the wonderful results of the homœopathists, yet so long as they gave their own medicines, the government never could be sure that they did not employ large and powerful doses like the allopathic physicians, which indeed they were charged with doing; so that it must now remain obscure whether the restoration of health depend on this or on that system of treatment.

“4th, The privileges of the apothecaries are admitted to be both protective against improper vendors, and also improper prescribers of drugs.

“5th, The incapacity, from many causes, of apothecaries to prepare homœopathic medicines, I cannot allow, because at present the homœopathic physicians, in various places, prescribe medicines out of the ordinary apothecaries, which they would not do unless they thought them effectual.

“6th, It has been said that of the fitness or unfitness of apothecaries, homœopathic physicians alone can decide. To this I cannot agree; they are thus made ‘*judices in propria causa.*’ On this question, in my opinion, only medical colleges can decide. Homœopathy is still young; it has been but a few years in its career, and now is too early for the government to take any step regarding it. If homœopathy, in

the course of time, show itself to be of great worth, it will then be time enough to adopt measures.”

Von Brudenstein, in reply, observed, “ That the privilege of the apothecaries could not be said to be infringed by the homœopathic physicians dispensing their own medicines, for their medicines did not require pharmaceutical knowledge, to secure which the monopoly was granted to the apothecaries ; and before the apothecary can dispense homœopathic medicines with safety, he must himself be a pupil of the homœopathic physician. The monopoly of the apothecaries is as little endangered by homœopathy as by the water-cure, which a physician may order although it sorely lessens the apothecaries’ income.

“ As to the homœopathist employing allopathic measures—if he do so, he immediately establishes the old relation between himself and the apothecary, and comes under the laws regulating this relation.”

The Prince of Solms-Lich observed, “ That medical colleges alone could decide this matter, and neither homœopathic physicians nor the public ; this had much to recommend it, and would be perfectly true if the said colleges were equally composed of homœopathic and allopathic physicians. As long, however, as this was not the case, so long would these colleges decide in their own favour ; and one might expect that their prejudices, more than their reason, would influence their judgment.

“ As to homœopathy being so very young, that is not so clear ; homœopathy has been fully practised for thirty years, and after thirty years, the tender years of infancy are generally supposed to be left behind.”

Von Brudenstein observed, “ That in this matter the homœopathic physician could not be considered as his own judge, seeing it was a matter of indifference to him, as he gave his medicines gratis, whence he procured them. They can have no motive for not procuring them from apothecaries, if they are satisfied with the goodness of the medicines. The homœopathic physician can bear the apothecary no ill will ; but the apothecary must bear the homœopathist a grudge,

seeing he destroys their gains, and tends to suppress themselves."

The Chamber came to the following resolutions :—1. The Chamber decides, in concurrence with the Second Chamber, to petition the Government to allow homœopathic physicians to dispense their own medicines gratis.

2. Should establishments be instituted for preparing and dispensing homœopathic medicines, a slight tax [*i. e.* a fixed price] may be fixed for the new medicines.

The subject of homœopathy was again brought before the Second Chamber of Deputies of Baden on the 12th of August 1833, by a motion of the Rev. Councillor Herr, to the effect that means should be taken for insuring theoretical and practical instruction in the homœopathic system of medicines at the different schools.

He began his speech by observing, " That it might seem strange that he should introduce into the great legislative assembly a subject which should properly be decided on purely scientific grounds, but that it was one which closely affected the public weal. It was not to the peculiar doctrines of homœopathy, of which they were not competent judges, that their attention should be turned, but to what homœopathy was admitted to have effected. Homœopathy professed to be a science of experiment and observation ; as such it merited investigation, and could never be overthrown by clamour. Proof must be met by counter-proof. Hahnemann's system *must* have fallen long ere now, if only a few physicians had made the trials at the bed-side of the patients, with all the accuracy and care which he directs, and had demonstrated that the results were not what he said they ought to have been, and thus exposed him as a *liar*. But because no one did this, but all clamoured against the man, the thought rose darkly in the minds of not a few, that there must be something in a system which excited so much opposition. And to me it is a strong proof of the truth of the system, that all who have given themselves over to try it fairly, have become firm adherents, and never deserted it.

" So many men of weight declared themselves for the system,

that even Hufeland, the head of the old system, admitted that the principle insisted on by Hahnemann was undoubtedly true, although he did not consider it exclusively so. And if the system had been so utterly useless, or so mischievous, as its opponents have represented, it must by this time, in thirty years, have fallen of itself, or have been suppressed by the Government. Little as yet has been done by governments either for or against the system. The former Duke of Anhalt Coethen issued a proclamation recommending homœopathy to the attention of his subjects. The Duke of Lucca has established a large hospital, where patients are treated exclusively homœopathically. The Saxon government [or rather parliament] voted money for the homœopathic hospital in Leipzig. The King of Prussia, at the recommendation of his allopathic physicians, has, with the happiest results, tried the system on himself and members of his family. The King of Bavaria sent Dr Roth to Austria to collect the documents relative to the homœopathic treatment of cholera ; these documents are printed, and afford the strongest proof of the rapid efficacy of this method in that fearful plague. In consequence, the Bavarian government are on the eve of establishing an institution for the practice of homœopathy, and for giving instruction in the system. The King of Wurtemberg, and the Prussian government of Dusseldorf, have granted special permission to the homœopathic physicians to give themselves their medicines to the patients. In Copenhagen a special department is allotted in the hospital for patients who are to be treated homœopathically, and in Stockholm it has been permitted in a Lazaretto. The Second Chamber of Baden has not only permitted, but supported homœopathy. Some towns have openly expressed their gratitude for the benefits homœopathy has conferred upon them—as, for instance, Raab in Hungary, and also Brunswick, whose magistracy expressed their gratitude to the two homœopathic physicians by a handsome present. Our government has hitherto allowed the matter free course ; it has neither moved for nor against it, which at first was the wisest plan. A repressive enactment, so much desired by some, could only be allowed when the interests of the state were at stake ; while, on the one hand, I hope the state will not inter-

fere to check the advance of the science, I think the time is now full for the Government to settle the position of the new system. The number of its adherents among us is great, and daily increases even among our official men ; among the number are men who cannot be charged with interested motives in their adherence, seeing they risked a large practice by the change. It was impossible for them to improve their position by adopting it. They could not gain, but might well lose reputation. It is not to be denied—a truth confessed by homœopathic physicians themselves—that men wholly unfit have thrust themselves into this branch of practice, who are doubly base, both as practising a profession for which their ignorance unfits them, and because they regard the territory as one profitable for gain. To obviate the evil of base mercenary men making here a rich prey, it is necessary that means be taken for insuring proper qualifications of all homœopathic practitioners. And how can the requisite qualifications be either obtained or ascertained ? The only schools of instruction in homœopathy are in Munich and Leipzig, and it is not possible that all young physicians should go thither. It is impossible to learn a system perfectly from books. The scholar, by means of the instructions of a master at the bedside of a patient, learns more in an hour than he would in a week by the study of books. The homœopathic system requires a long course of previous study, and the homœopathic student should make the complete curriculum to learn his science in all its branches. But the varied knowledge acquired should be made subservient to homœopathy. To take an example from the Church here in this State,—a system of education is provided both for Protestant and Roman Catholic clergy ; but there is a separate examination for the different candidates ; it would be ridiculous, at the least, to make Protestants examine Catholics, and Catholics Protestants.

“ There are different ways of curing and being cured. If I do not venture to decide which in general is the best, the shortest, and the safest, yet so much do I know of homœopathy, that it is a very valuable way, and most unquestionably does not deserve to be despised. And there is but one way in which the State can acknowledge this ; that is, by proper in-

struction and appropriate education." He concluded with the following summary.

1. Homœopathic remedies have so slight a value that they can be given by the physician for nothing. And even when prescribed at an apothecary's they can be supplied at a cost quite insignificant, as compared to the ordinary expense of drugs. The loss that the apothecaries must sustain is unquestionable, and to be lamented on their account ; but it is the inevitable consequence of improvement. When printing was discovered and denounced as witchcraft and magic, the kingdom of transcribers which had flourished a thousand years came to an end. All classes have, within forty years, undergone the greatest changes.

2. According to the testimony of a large number of older physicians, who have tried both methods, many patients attain to health much more rapidly under the homœopathic than under the other.

3. Not only for private individuals is the advantage great ; but also in a general economic point of view, the expenses of civil and military hospitals will be immensely diminished. Honest poverty may now congratulate itself on being cured without the saddening reflection that it cannot pay for the medicines it has used. Many are withheld by the expense of medicine from seeking medical aid ; and thus, as a thirty years' experience has painfully taught me, their lives are sacrificed to the neglect.

4. Another great advantage of this method lies in the immediate administration of the remedies. Just consider, a physician must take a long ride on a winter day, and write his prescription ; much time must elapse before this prescription can be sent to the apothecary's, and the messenger return with medicine. And what may not have happened in the interval ? It is possible that the disease may have taken quite a new turn, and the medicine, instead of benefiting the patient, may hasten his death. This also I have seen. To win time in sickness is to win much. This is less felt in towns than in the country.

5. Besides the advantages to man it holds out great advantages in the treatment of cattle. The life of his beast is often

held as valuable to the farmer as his own. And yet he must grudge the expense of its cure, because the expenses of curing it are greater than its prime cost.

Ask of the persons who have tried this method in their own houses and establishments, if they would willingly exchange it for the other. They would answer you :—" Had this system no other advantages but only these, that we could, without expense of money and time, procure the medicines ; that these medicines, even when not adapted to the case, do no harm, and do not sow the seed of future diseases ; that they can be given to the most reluctant patient, to the most tender child, without offence and pain, in these we find enough. *How* you learned physicians explain it does not concern us, if it only does good. That the ancient method did much good we do not mean to deny ; if only the new system brings us the same result, it arrives at it with infinitely smaller cost of strength and money, and the extrinsic advantages of the two are not to be compared."

ADDRESS.

Most Noble Grand Duke ! Most Gracious Prince !

A member of the Second Chamber of your most loyal Estates, upon the thirty-ninth public meeting, on the 12th of August of this year, brought forward the following motion.

The Chamber resolved to petition your Royal Highness,—

1. That means be taken to ensure theoretical and practical instruction in the homœopathic method of medicine at our schools, and that to the offices that shall be instituted for this purpose only such physicians shall be chosen as are efficient and experienced alike in the allopathic and homœopathic systems of medicines.

2. That no physician shall be allowed to prosecute homœopathic practice, who has not passed the requisite examination in homœopathy.

3. That all who are not properly qualified to practise medicine shall be most strictly prohibited from practising homœopathy, and, in case of transgression, be liable to prosecution.

The Chamber has, according to the rules of business, taken

the three motions into closer consideration, and issued a report in the name of a commission named at the sixty-seventh public meeting of the 26th September, and, after more minute examination, and fuller deliberation, on the seventy-second public meeting, of the 2d October of this year, in respect,

1. That the number of physicians who practise homœopathically is considerable, and increases more and more.

2. That the homœopathic system has won so unusual interest among the people, that the Legislature can no longer remain indifferent, but is bound to establish laws which the public weal demands.

3. That no obstacles, unless it be absolutely necessary, should be laid in the way of the progress of science; on the contrary, much more should it receive all encouragements, which really is to the advantage of the citizen. And that, also,

4. On the other hand the citizen is entitled to be protected against the abuses to which this system may be turned.

Unanimously agreed most humbly to petition your Royal Highness,

1. Until the next meeting of Parliament [or the Estates] to appoint a committee of physicians equally efficient and experienced in the allopathic and homœopathic medical systems, to determine the best way of ensuring instruction in the new method.

2. That physicians be allowed to give homœopathic medicines gratuitously.

3. Moreover, let it be permitted that only licensed physicians practise the homœopathic method; and to meet this requirement, that candidates in medicine be examined on homœopathy at the examinations authorized by the State.

This petition we lay with deepest reverence at the foot of your Royal Highness' throne. *Carlsruhe, 2d October 1833.*

In the name of the most humble and obedient Second Chamber of State Deputies,

PRESIDENT MITTERMAIER.

SECRETARY RUTCHMANN.

DR NORDES V. DURRHEIMB.

ON THE PRESERVATIVE PROPERTIES OF BELLADONNA IN
SCARLET FEVER.

By FRANCIS BLACK, M.D., Edin.

The homœopathic law applies not only to the cure of disease, but also to its prevention. In several remedies, this has already been well proved, and, no doubt, future experiment will increase the number. Thus, vaccinia,—which is so undoubted a prophylactic against small-pox,—bears a close analogy, in its pathogenetic effects, to the action of varioline; and, according to the latest experiments, it has been found that variola can be converted into vaccinia—that the latter is only a modification of the former.* And we can add our testimony to that of others as to the advantages derived from the administration of vaccinia, in the ordinary homœopathic doses, in the treatment of small-pox.

Belladonna is also curative and prophylactic in scarlatina. At the end of last century, Hahnemann, having remarked that belladonna, taken in small doses, gave rise to a reddish eruption analogous to that of scarlatina, predicted that belladonna would be a prophylactic to this disease. Notwithstanding some facts which seemed to confirm this hypothesis, it was only about 1812 that several physicians made methodic trials to establish this point. But since that period, numerous practitioners abroad have been occupied in establishing the preservative properties of belladonna against scarlatina. It is our object in this paper to shew, *first*, that belladonna is homœopathic to scarlet fever; *second*, to collect the results of the various experiments which have been made, in order to manifest the efficacy of belladonna as a prophylactic.

* See Med. Gaz. Nov. 1831; Note in Fletcher's Pathology, p. 137; Bulletin de l'Acad. Roy. de Méd. Janv., 1841; also, Edin. Med. and Surg. Journ., July 1841, p. 290. For proofs of the further similarity of the effects of vaccinia and varioline, see Adam's Popular View of Vaccine Inoculation, p. 169, Lond. 1807.; Med. Journ., vol. ii., p. 402; Med.-Chir. Review, vol. xv., p. 6, Miscell.; British and Foreign Med. Review, No. xxv, Jan. 1842, p. 247.

That belladonna is homœopathic to scarlatina is proved by many observations. Dr A. T. Thomson, in speaking of its administration as a narcotic, says :—" It requires to be given in minute doses at first, and to be gradually increased until symptoms of its influence on the system become apparent. These are dryness of the throat, vertigo, . . . an eruption closely resembling that of scarlatina." Again, when describing its beneficial effects in whooping-cough,—“ It produces a state of the skin closely resembling scarlatina, accompanied with fever, suffused eye, dimness of sight, and frequently, though not always, headache.” (*Mat. Med.*, p. 422.)

In a case by Mr Wade,* where the external application of belladonna caused poisoning, the mucous membrane from the posterior third of the palate, as far down as could be seen, was a deep crimson colour, and the tonsils were much enlarged.

Experiments made to ascertain the Prophylactic Properties of Belladonna.

In 1812, a fatal epidemic of scarlatina reigned in the district of Hilschenbach, in the duchy of Berg. Dr Schenk was requested to give his assistance as a medical man, and administered belladonna to 525 persons. Of these, 522 were preserved. The three who were attacked with scarlet fever, were a mother and her two children, who had only taken the medicine four times, and had been much exposed to the contagion. As Dr Schenk was desirous of carefully testing the prophylactic virtues of belladonna, he wrote to Hahnemann for directions. Hahnemann sent him three grains of carefully prepared extract, which were to be triturated in a small mortar, with an ounce of distilled water : to this an ounce of distilled water and an equal quantity of alcohol was to be added. A drop of this was to be added to 3 ounces of distilled water and an ounce of alcohol. In this form it was to be given, the dose being one drop to children under nine years, and two drops to those above that age, every three or four days.

* Lond. Med. and Physiol. Journ., April 1827. See also Hahnemann *Traité de Matière. Medicale*. t. i. p. 492, *et seq.*

Rhodius, in an epidemic in Altenkinden, gave perfect immunity to all the individuals to whom he administered this substance. Hufeland, in noticing the statement of Rhodius, says:—"I am also acquainted with a quarter in which, during the prevalence of a very severe scarlet fever, the preservative of Hahnemann was tried, and where all who tried it were protected from the disease. This fact is worthy of the greatest attention, and deserves to be frequently tested; for to allow ourselves to be prejudiced by the circumstance of the minute dose, would be to forget that we are treating of dynamic effects—effects upon a living body, which no one can appreciate by pounds or grains." (*Hufeland's Journal*, May 1812.)

Gumpert, physician at Posen, in an epidemic in 1817, preserved his 4 children, and 20 families, amounting to about 80 individuals. Two persons were, however, attacked, but very mildly. In one, the belladonna had only been used for some days; in the other case, the disease declared itself in the second week of the employment of the belladonna. Gumpert senior states, in a report to the government, that he prevented the introduction of the epidemic into several villages, by administering the medicine continuously at the proper time. He remarked that, in those villages where the epidemic had already appeared, the employment of this substance rendered the scarlatina very mild. In the district where he practises, the public have as much confidence in it as in vaccination, and the local authorities are ordered to furnish gratis this medicine. The dose employed by the Gumperts was about a teaspoonful morning and evening of a solution of one grain of extract of belladonna, in four ounces of orange-water, and one of alcohol. (*Biblioth. Méd.* t. lxx. p. 114.)

In the very fatal epidemics of 1817, 1818, and 1819, Berndt, physician at Custrin, made use of two preparations of *Belladonna*; in the one there was 2 grains of the extract to an ounce of cinnamon water; in the other 3 grains. The dose varied from 2 to 12 drops morning and evening. His trials gave the following results. Out of 195 children who were constantly exposed to the contagion, and who took the first preparation, 14 were attacked and 181 preserved.

With the second preparation, given to a large number of individuals similarly situated, he preserved them all.

The few who contracted the scarlatina had the disease very mildly. (*Hufeland's Journal*, July 1820.)

Dr Murhbeck of Demmin (Western Pomerania) says, "It is now seven years since I employed *belladonna* as a prophylactic against scarlet fever, and always with equal success. Every time that the fever showed itself in a family, I administered *belladonna* to all the persons exposed to the contagion, being careful to continue it until the entire desquamation of the patients affected with the fever. I also used the same preservative in houses where it had not as yet appeared, and I can state, from an experience of seven years, that all who took the *belladonna* were preserved from the scarlet fever."

The dose employed by Dr Murhbeck was, to children, 1 to 5 drops, and to adults 5 to 10, four times a-day, of a solution of 2 grains of *bell.* to an ounce of water. (*Revue Médicale*, t. ii. p. 371.)

One of the authors whose observations are the best calculated to prove the prophylactic efficacy of *belladonna* is Dr Dusterberg of Warbourg. In three consecutive epidemics, this practitioner preserved from contagion all the individuals who made use of this remedy, although they were allowed to visit and keep company with the sick. He therefore regards this practice as certain a prophylactic as vaccination. To be more certain of his results, Dusterberg made a still more conclusive experiment; he chose, in each family submitted to the prophylactic treatment, a child who had not taken *belladonna*; *all the children thus excepted were attacked by the contagion.* Dusterberg adds, it is true that several other children, who had only used the remedy for four or five days, were also attacked, but so feebly that the only trace of the scarlatina was the subsequent desquamation. Among several of those who were preserved, there appeared an eruption a little analogous to scarlatina, but unattended by fever, which was only the effect of the *belladonna* observed by Hahnemann. (*Revue Méd.* 1824, t. ii. p. 371, *art. de M. Martini.*)

In 1820, during the course of a very fatal scarlatina, Behr,

physician at Bernbourg, gave the specific to 47 individuals; among these 41 escaped the contagion, and 6 were attacked, but in an exceedingly mild manner. The preparation was the same as that employed by Dr Berndt. (*Revue Méd. loc. cit.*)

In two epidemics which reigned at Colmar in 1820 and 1821, M. Meglin states that every one was preserved who took *belladonna*. The preparation he used was similar to that of Dr Berndt. (*Nouv. Journ. de Médecine*, Nov. 1821.)

120 persons were attacked with scarlatina, in a village of Silesia; Wolf gave them *belladonna* according to Berndt's formula, and after that the disease ran a mild course. In two other villages 132 healthy individuals employed the same means, 6 contracted the fever, 126 escaped it. Schenk, at Siegen, was enabled to confirm, in 1820, the favourable results he had gained in 1809 and 1810 from the employment of *belladonna*. Benedick, in the island of Rugen, and Wesner, at Dulmen, also obtained favourable results.

23 children out of 84 were attacked with scarlet fever in the Military Foundling Hospital of Hall, in Tyrol. Zeuch, physician to the establishment, gave *belladonna* to the 61 remaining; all were preserved, with the exception of 1; and meanwhile the epidemic continued to rage in the environs of the hospital. (*Bull. des Sc. Méd.* tom ii. p. 90.)

Dr Suttenger, of Cerele, reports that several people having died of scarlet fever in the village of Miaskowo, recourse was had to *belladonna*, and that after its use no one was attacked with the disease. (*Hufeland's Journ.* Nov. 1824, p. 3.)

Dr Kuntsman has always been in the habit, when called to a case of scarlet fever, to administer *belladonna* to the other children of the family, and only in one has he found it to fail as a prophylactic. This failure he attributes to the improper administration of the *belladonna* by the parents. He continued, however, to remain in some measure doubtful of the efficacy of *belladonna* until 1825, when the following trial confirmed his belief. Upon the appearance of several cases of scarlet fever in this Institution of Frederick, he administered this remedy to 70 children, aged from four years to fourteen, of these 3 caught the fever but in a very mild form, 67 were preserved. One other child who had not been submitted to the

trial was violently attacked. The preparation employed by Kuntsmann was two grains of the extract to an ounce of liquid ; dose, as many drops, twice a-day, as the child had years.—(*Hufeland's Journal*, Nov. 1825.)

Dr Gnecki of Stetin obtained the following results of 94 children in Glasow, to whom the belladonna was administered ; 8 contracted the contagion, 86 were preserved ; whilst 15 children, to whom the remedy was not administered, were all attacked at the same time, and after the period that the prophylactic had been given to the others.

Hufeland, in a preface to the two last mentioned observations, writes that he has frequently used belladonna in his own practice, and has never seen it fail.—(*Hufeland's Journ.* Nov. 1825.)

In 1825, Maisier, of Burg, administered belladonna for 15 days to 170 children in the village of Negripp. After this period it ceased, but continued to rage in an adjoining village, where the remedy had not been given. In 1821, by the employment of the same remedy, he succeeded in arresting a very fatal epidemic which was raging at Grabow ; and in Burg he gave immunity to 66 out of 70 children.

In 1824, Maisier gave belladonna to 300 children during another violent epidemic which was prevalent at Schlieben, district of Mersebourg. Several of these children attended school, others remained with their parents ; about one-half, who had already had scarlatina, were preserved ; the other half, who had not had scarlatina, were also preserved, with the exception of a very few who were slightly attacked, presenting only a reddish eruption without fever, which, with great probability, may be considered as a not uncommon effect of belladonna. Of four children sleeping together, one only, who had not taken the medicine, contracted the disease. (*Journal des Progrès*, t. i. p. 242.)

Dr Wagner states, as the result of his experience, that comparing those who took the belladonna during the prevalence of the epidemic, with those who neglected to do so, of the former he only lost about one in seventy, whilst of the latter there died one in three.—(*Journ. des Prog. loc. cit.*)

Dr Velsen, in an epidemic which raged at Clèves, gave belladonna to 247 individuals who had not had scarlet fever, and the great majority of whom were young people. The form he employed was two grains of the extract to two ounces of distilled water and two drachms of alcohol; of this from five to twenty drops, according to the age, were given twice a-day. The following were the results: Out of the 247 individuals, 234 were preserved, 13 had scarlatina; of the 13, four were children who had taken the remedy for several weeks, but not regularly; one a child who had taken it regularly for fourteen days; another who had taken it for eight days; and seven who had employed it for only forty-eight hours. Of these last, one, a delicate child, died. With all the others the disease was very mild, and much slighter than in those instances where belladonna had not been given.—(*Journ. Complém. du Dict. des Sc. Méd.* t. xxviii. p. 370).

Dr Koreff, Professor of the university of Berlin, affirms, from a very extensive and long-continued experience, that the most intimate intercourse may be kept up with patients affected with scarlet fever, provided the belladonna be taken in the proper doses, for eight or nine days before exposure, and be continued till after the period of desquamation.—(*Edin. Med. and Physical Journ.* of 1825.)

Mr Maclure, in a paper read to the Harveian Society, upon the prophylactic properties of belladonna, gives the following evidence:—M. Friso, who observed an epidemic of scarlet fever in the village of Reimlig, in the arrondissement of Thionville, derived, he relates, great advantages from belladonna as a preservative means. The mortality there was very great, since out of about 100 patients (who had not taken belladonna) no less than 83 died. The belladonna was given to 22 individuals, who, although they both resided and slept with those affected with the disease, were not attacked. Four children, he continues, living in two houses where there were persons labouring under the malady, did not take the belladonna; whilst in one of these same houses, three other children took it regularly every day. The four children who had not the benefit of the prophylactic, became affected with scarlet fever,

and what is very remarkable, not one of the other three, though they were equally exposed to the contagion, became ill. I could, adds this author, cite many other similar examples, which were followed by the same results; and now, I never hesitate in my rounds from house to house, to carry with me this remedy, being well assured that I can always arrest the epidemic.—(*Med. Gazette*, vol. xiii. p. 814).

M. Ibrelisle, of Metz, states that he saw twelve children preserved by the belladonna from scarlet fever, which had attacked 206 others, in the midst of whom the twelve protected ones resided.—(*Bulletin de la Soc. d'Emulation*, Avril 1823, p. 201.)

Dr Randliaken, physician of the Orphan Hospital of Langerdorf, in Prussia, affirms that, by this means, he secured safety to 160 children exposed to the contagion. (*Dr A. T. Thomson's Materia Medica*, p. 423.)

In a scarlet fever epidemic at Bayeux, in 1839, Dr Feron gave all the children, not affected with it, *belladonna* as a prophylactic. It was administered in the form of tincture; dose 4 drops in a glass of eau sucrée, to children from 2 to 5 years, 6 drops from 5 to 10 years; it was continued from 12 to 14 days. All the children so treated remained free from infection. (*Journ. des Connaiss. Med. Chir.* Août 1839.)

“At Monastir, in 1829, scarlatina raged both among our troops and the inhabitants of the towns and villages where we were quartered. The Grand Vizier, who had expended much time and money on the discipline of this his favourite *corps d'armée*, gladly accepted my proposal to try the effects of *belladonna*. As the troops were generally of young men, and totally unaccustomed to narcotics, the dose I gave was comparatively small; 36 grains of the extract of *belladonna* were mixed up with 1 pound of the extract of liquorice, and 10 grains of this were given morning and evening to each soldier. The success of the experiment far exceeded my most sanguine expectations, for not more than 12 men out of 1200 sickened after this plan was adopted; of these 12, 6 died, and it is to be remarked that the disease continued unabated among the inhabitants where the soldiers were quartered, af-

ter it had ceased among the latter, though they lived in the same houses." (*Med. Gazette*, vol. xiii. ; *Dr Oppenheim's work on Turkey.*)

Block gave belladonna, during the prevalence of a malignant epidemic of scarlatina, to 270 children ; all were preserved. The remedy was administered from 10 to 12 days. (*Rust. Magazin*, bd. xvii. p. 39.)

Cramer gave it to 90 children ; all of these were preserved. (*Rust. Magazin*, vol. xxv.)

It is with pleasure that we can refer to an article (the only article we have yet found in the English journals) by Mr Maclure, who has most laudably attempted to direct the attention of the English practitioner to the prophylactic properties of belladonna. He deeply regrets the lukewarmness and neglect on the part of British practitioners on this subject, one of manifest importance, not only in a scientific, but practical point of view, as regards the protection of mankind, especially of children. It is a subject deserving of calm examination, and not one to be met with the favourite cry of German mysticism,—a cry as unmeaningly as it is vociferously uttered.

Mr Maclure details only one instance in which he himself administered belladonna to five individuals, none of whom had previously passed through the disease, and who were in attendance upon a case of bad scarlet fever. The following were the results :—1st, The mother and the hired nurse, who took no belladonna, both took the disease, the one severely, the other mildly ; 2d, the young lady's maid, who occasionally, and with reluctance, took the belladonna, was affected with symptoms of mild scarlet fever, but in so slight a form that there was no desquamation of the skin ; 3d, " The two young women who began to take the belladonna as it was prescribed, and continued so doing throughout their attendance (which I may remark was extended to all the three patients), passed through the ordeal unaffected by it."—(*Med. Gaz.*, vol. xiii. p. 814).

Mr Maclure rightly observes that such results might be easily explained independently of the belladonna, but may be considered as more valuable when viewed as confirmatory of the more extensive experience of the German physicians.

The following is the result of our own experience :—

The remedy was administered to eleven children who never had scarlatina, and who were living in a house with two cases of scarlet fever, the one of them attended with sloughing sore throat, and in intercourse with these cases; all escaped, even one who was sleeping in the same bed with one of the patients. In another instance we gave belladonna to four children, none of whom had had the fever, and were directly exposed to the contagion. Three escaped; one took the fever, but so slightly that we were inclined to regard the symptoms as those of belladonna.

In another instance, we administered the remedy to four children and an adult, who were living in the same house with two cases of scarlet fever. The adult and two children were seized with the fever. Two had only taken the remedy for two days and one for three days; the other two children escaped.

The three cases were much milder than the two cases in which no belladonna had been given as a preservative.

Out of the 20 cases, we observed the remedy produce headache with increase of pulse in one child; in another there was slight redness of the skin, which lasted for eight hours, and unattended with fever.

The dose we employed was about double the strength of that recommended by Hahnemann, and was administered from 10 to 14 days.

Mandt states that he never met with cases of fever in those children to whom the remedy had been properly administered; the formula he employed was two grains of the extract to an ounce of cinnamon water; to children the dose was as many drops as they were years old, and continued from 8 to 14 days. Hildenus, Jördens, Lendhossek, Lemer cier, Pittschafft, Raubchenbusch, Serlo, Speum, Spiritus, Thaer, Wesener, all speak in favour of the prophylactic properties of belladonna.

The following table will shew readily the general results of those who have stated the exact number of the individuals to whom the remedy was administered. Had all who have found belladonna useful given numerical instead of general statements, the value of their observations would have been much enhanced.

AUTHORS who have given BELLADONNA.	NUMBER of persons who took BELLADONNA.	NUMBER of persons preserved from SCARLATINA.	NUMBER of persons attacked.
Schenk,	525	522	3
Rhodium,	7	7	—
Masius,	5	5	—
Gumpert,	84	82	2
Berndt,	195	181	14
Behr,	47	41	6
Kohler,	7	6	1
Wolf,	132	126	6
Schenk,	3	3	—
Benedik,	10	10	—
Zeuch,	61	60	1
Kuntsmann, . . .	70	69	1
Genecki,	94	86	8
Maisier, {	170	170	—
	70	66	4
	300	280	20
Velsen,	247	234	13
Randhaken, . . .	160	160	—
Oppenheim, . . .	1200	1188	12
Block,	270	270	—
Cramer,	90	90	—
Total,	3747	3656	91

On the other hand, the following have seen no beneficial effect attend the employment of belladonna:—Hyfelder, Kaiser, Kuminsky, Lehman, Held.

The following consider its effects uncertain:—Hildenbrand (Institut. Prac. Medic., Vindob. 1825); Biehl (De Febre Scarlat. Dess. Berol. 1823); Boeck (Rust. Magazin, vol. xxv.); also Fischer and Rettmeister. The evidence of these latter authorities is not, however, sufficient to outbalance the much more positive results which we have given, as illustrating the preservative properties of belladonna. Is it not possible that the epidemics, in which the belladonna failed, were not those of the true scarlet fever, but rather the purple miliary fever, to which belladonna, according to Hahnemann, affords no immunity? Several have objected to the employment of belladonna, owing to the injurious consequences which have followed its administration, such as deadly paleness of the face, and even in some cases cerebral affections. To this it may be answered, that in these cases it was given in too

large doses. Lehman pushed it until it produced narcotism. The abuse of a remedy far from militates against its careful employment.

From the foregoing facts we may conclude :—

First, That belladonna is a prophylactic against scarlatina, and that though it may have failed in several instances, yet it has succeeded in so large a proportion of recorded experiments, as fully to justify its future employment.

Second, That, when it fails in protecting the individual, the disease runs a milder course than when belladonna has not been given.

Third, That the administration of belladonna, in the dose prescribed by Hahnemann, or even a little stronger, is attended by no bad effects, and that it can only produce dangerous symptoms when over-dosed.

Fourth, That, as the prophylactic virtues of belladonna differ from those of vaccinia, inasmuch as the latter is a preservative for many years, whereas the former is much more transient, it should therefore be readministered on every new exposure to infection. It may, however, be added, that it is still disputed how long the prophylactic properties of belladonna are manifested after its administration, and that years of experiment can only ascertain the fact.

THEORETICAL AND PRACTICAL OBSERVATIONS.

By Dr LIEDBECK of Upsal.—Communicated by Letter.

It is right that the Medicamenta (*mixta*) Galenica have been rejected from homœopathy. It is, however, quite different in regard to chemical compounds, such as salts, which are always constant in their nature, whether they are naturally or artificially produced. Hahnemann himself proved opiment, and I have described in the Hygæa (vol. vii. p. 309), an interesting case of cure, achieved by its administration, in which arsenic and sulphur were partially indicated; but when given separately, had been of no service.*

* We think that Dr Liedbeck is treading on dangerous ground, for if once the mixing of medicine is adopted on any pretext, it is easy to fore-

Since then, I have effected several cures, by means of substances which, though pharmaceutic simples, yet were chemical compounds. Let me throw out the observation as a mere hypothesis, that *in general* the physiological action of such a pure chemical compound effects an action compounded of that of the two chemically combined atoms, stronger and intenser in direct proportion to the solubility, and weaker and more diffused, in proportion to its insolubility in the juices of the stomach and the fluids of the body. Corrosive sublimate and calomel may be taken as examples of this, as the activity of these substances is great in proportion to their solubility. In further illustration I may observe, that, in chlorosis, with affection of the lungs, in which iron was indicated, and at the same time as a remedy for some cutaneous disease, sulphur was required, in such a case I have found the greatest advantage from the administration of sulphuret of iron, in the proportion of two grains to ʒss. of sugar of milk, to be divided into x or xx parts, one of which was to be taken morning and evening. Also in toothache, combined with chlorosis, in which other substances were of no avail, I have known improvement of the toothache to follow this in the course of a day, and of the chlorosis within a week. Another time I cured a patient by this remedy, affected with chlorosis and cardialgia, of both complaints, or perhaps more properly of the cause of both. (On proving the substance on myself, I experienced nothing but sulphureous eructations, when from 1 to 10 grs. of the first decimal trituration were taken.) The last mentioned chlorotic patient employed the medicine twice over. In reference to this, let us remember the experience of Heinrichsen (*Ideen über das Wechselrect; Elektricitäts-verhältniss*. Leipzig, 1839, p. 369.) “Chlorosis, on the other hand, I have constantly treated with the best success by the employment of *tinct. ferri*

see how such a licence may lead us back to the confusion and routine practice of the allopathic method, from which the discovery of Hahnemann has just emancipated us. We have no objection to the use of chemically compound substances; on the contrary, such are many of our most powerful and useful medicines; but they must be looked on as distinct substances, and only used after being proved as such,—they cannot be looked on as possessing the combined powers of their constituents.—
EDITORS.

acet. æther. persevered in, to the amount of 10 drops, four times in the day, when, from the steady use of iron in small doses in this disease, I have not been able to effect any thing; and while the other homœopathic remedies did not relieve me from my embarrassments. It is true, they allayed the sympathetic symptoms, but had no influence on the chlorosis; hence I found myself constrained to return to large doses of iron." The experience of other homœopathic physicians, as declared in the *Homœopathische Zeitung*, testifies the same. According to popular experience, vinegar produces emaciation; and Haller, even in his time, observed ulcer of the stomach to follow its use. We know of no physiological proving of the acetate of iron, and yet we often employ iron with advantage in cases which would be completely covered by a combination of iron and vinegar.

Why should I not make experiments with other similar substances, that is, chemical preparations whose effects, as a whole, are unknown, but whose component parts are sufficiently proved upon the healthy body? Were it, perhaps, better to give such substances alternately as pharmaceutic simples? In a case of hypertrophy of the spleen, attended with diarrhœa, in which preparations of iron, more particularly *spiritus ferri* as well as *spiritus sulphuratus*, effected only transient improvement, I lately saw sulphuret of iron, in the first decimal solution, taken morning and evening, produce rapid benefit. This same patient was, besides his disease of the spleen, affected with ulcer of the leg, and had derived benefit from the *satreo* (a Swedish *chalybeate*), when he believed his old affections to have returned. As often as he felt a return of the burning pain of the ulcer, he was always relieved by a solution of the 10th dilution of arsenic; whereas, if he took the 3d, he experienced neither diminution nor aggravation of his sufferings. So essential a matter is the dose in homœopathy. For my part, like Helbig, I neither confined myself to the very small nor to the very large. What Weichardt (*vide Heraklidis von Helbig, 1 th., Leipzig, 1835, 46.*) acknowledged, when speaking of the power of *conium* to produce and to cure impotence, I believe to be true of all modern systems

of doses,—“ That a wise physician chooses that dose which seems to him the best.”

In my practice, indeed, as you observe, small and large doses stand side by side, and both are available in homœopathy. It is only those medicines, whose secondary effects are more distinct and permanent than their primary, which can be employed to effect permanent and harmless cures ; standing, in this respect, opposed to the allopathic remedies.

The following I found an unusually interesting case of *chlorosis* with *hyperæsthesia cordis*. Demoiselle S— de —, 12 years old, in 1839, while under my treatment, experienced an attack of *coxalgia*, which does not require a more minute description, than that it was allayed by the use of *colocynth*. By the successful issue of this case, the confidence of the parents in homœopathy was awakened, and my aid was again requested, as laxative salts, prescribed after the fashion of the old school, had naturally done more harm than good in the following circumstances. Extraordinary debility ; for three or four weeks the patient had been becoming gradually weaker and weaker, with occasional more rapid sinking of the strength ; there was constant external chilliness, with internal heat in the middle of the breast ; headache. I was visited, on the 23d October 1840, by the patient and her mother, on account of this malady, complicated with occasional palpitation of the heart, which was aggravated by coffee so as to become even visible, although the patient's feelings indicated no great increase of the affection. I found her pale almost as a corpse ; the beat of the heart was frequent, but unattended by any abnormality. *Rulsus venosus venæ jugularis sinistrae*. Bruit de diable of the carotid ; compression of this vessel produces anxiety of the heart, referred by the patient to the middle of the sternum, as the spot where it is most painfully sensible. She is also said to be again affected with worms, which were absent for two years, and itching of the anus ; these, however, are less frequent. On one occasion, after walking, the patient was quite unable to speak, or even to utter a voluntary articulation. She has constant difficulty in raising her arms, and the hands, particularly, are always asleep ; occasional cough ; has not, and never had, perspiration of the feet. There was

no external cause to be discovered. I gave arsenic 30 gtt. III. She took 3 to 6 of the globules morning and evening, until the 25th of November. She was then somewhat better; there was less debility; compression of the carotid no longer produced anxiety at the heart; the countenance was not so pale; the lips, in particular, had acquired a redder tint. Arsenic 3. was then given, and persevered in for a month; this did not, however, produce any remarkable improvement. Upon this I gave sulphuret of iron, the more readily, as it was then the winter solstice, a time when I deemed it requisite to excite the cutaneous functions by means of a preparation of sulphur; while I had before me, also, the practical observation of Dr Kallenbach, that preparations of iron, which always increase diseases of the left heart, generally effect an amendment, though sometimes only temporary, in those [of the right. From this medicine she felt warmer than from the former, and there was visible general improvement; yet she remained pale, and subject to cold in the head (Schnupfig). In January 1841, I ordered her *Ferri acetici ætheræ* ʒj, and allowed her to take half as much as Heinrichen prescribed. Within a month the patient was perfectly well, and has remained so ever since; and neither she, nor other chlorotic patients to whom I gave it, exhibited any other physiological symptoms of its operation, except black stools, as far as I have hitherto been able to observe.

As is well known, the researches of Scudamore are the first which attest the efficacy of iodine in consumption. Lobethal recommended it most urgently in Germany, as a specific upon the homœopathic principle in this disease. *In stadio cruditis tuberculorum florido phthisicorum*, more especially of females, I have observed a kind of headache which generally comes on when there is improvement of the pectoral complaints, in which *aquæ saturati iodii* (first centesimal dilution), a drop for a dose, and given only once a day, effected a speedy removal of the complaint, after a great variety of substances, such as belladonna, opium, sulphur, iron, hyoscyamus, &c., had been tried in vain. A servant girl, who had long been tormented with headache of this kind, and had in vain been treated by others and

myself, I cured for a month with absolute certainty, by means of this medicine. Various physicians (Hartlaub and Trinks, R. A., Leipsig) have also observed headache as a symptom of the pathogenetic effects of iodine, so that it is not wonderful that any homœopathic physician should have employed it in a case for which in other respects it answered so well.

Strychnine is well known to excite a universal spinal irritation, which in its highest degree becomes tetanus; so that this substance affects the whole of the excito-motory system of nerves. (See Marshall Hall's Affections of the Nervous System.) In the Pharmacodynamic Repertorium cases are also narrated, in which acetate of strychnia allayed tetanus. Magendie is the only physician of the day who is said to have cured *Tabes dorsalis* by the endermic administration of iodide of strychnia. In a case in which *nux vomica* I alternately with *spirit. phosph.* provoked a cutaneous eruption without effecting a manifest improvement, I tried this remedy in the manner recommended by Magendie; I only observed physiological effects, as spasmodic contraction of the lower limbs. Contrary to my wish, upon the recommendation of an old physician attached to a watering-place, although likewise dissuaded by a younger physician, the patient visited a native chalybeate, upon which he naturally got worse, and died in the course of October. I can say with Boerhaave, "Hunc morbum vidi, nunquam curavi." The dissection shewed organic change in the spinal marrow, which was partially softened and partially indurated.

In a case of *Phthisis tuberculosa* (combined with spinal irritation) I saw the iodide of strychnine, used internally, produce a more powerfully healing effect. The case was that of Frau B., previously described in the Hygæa (vol. ix. p. 506), as illustrative of the effects of iodine. This patient, as I heard, was now convalescent from a so-called "breast fever," having been treated successfully by her husband with domestic homœopathic medicines. She resided twenty Swedish miles distant from this. She called upon me on the 20th of August of this year (1842), and weak and emaciated as she was, yet she assured me she was somewhat improved, notwithstanding the long journey. The expiration and inspiration occupied the same length of

time. At the cartilage of the sixth rib on the right side, the sound on percussion is much duller than on the left. The patient referred her cough with certainty to this spot; the cough was at one time attended with bloody sputa. On examining the spine, which, in such cases, I never neglect to do, I found the spinous process of the eighth dorsal vertebra very sensitive to pressure, especially on the left side; and pressure on this point excited an anxious uneasy sensation in the chest, particularly at the spot described above. When the pressure was continued, it produced a cough, which the patient assured me was perfectly involuntary. At nine o'clock in the morning on the 25th of August, I gave the one-hundredth part of a grain of the iodide of strychnine; within five minutes, the patient felt tingling in fingers and toes, and increased constriction of the chest. I made her smell concentrated spirits as an antidote, with immediate relief. During the day, the tingling returned occasionally; but each time it was more transient. During the night, an itching of the skin of that part occurred, with great alleviation of the spinal irritation. A small quantity of globules, moistened with the same dilution of this substance, was prepared, and given to her, with the direction to take a single one morning or evening. It answered well. In the course of a week and a half, the patient called, and the spinal irritation and other symptoms were almost gone. The abnormal sound on percussion remained as before. Also in that form of toothache which I might call *Odontalgia tuberculosa*, as it occurs chiefly in tuberculous females, both during pregnancy and at other times, in which the gums become gradually redder and more swollen, and in which the ordinary medicines, such as iodine, conium, mercury, ammon., stram., &c., effected only temporary benefit, I saw, in the course of an hour, the most rapid benefit derived from the administration of iodide of strychnia; desperation converted into ease, and the return of the swollen gum to its normal condition. It may be remembered that Marshall Hall correctly considers the fifth as the highest of the spinal nerves, and also looks upon strychnia as a substance which affects the whole of the excito-motory system. Rau also recommended *nux vomica* alternately with sulphur in those forms of pulmonary consumption in which the symptoms corresponded to these remedies.

MALIGNANT TUMOUR OF THE EYE.

History of the cure of Field Marshal the COUNT RADETSKY.*

His Excellency is now entering the 70th year of his age, and the 56th of his military career ; notwithstanding his many fatigues, both in war and peace, his mental exertions, his eventful life, with all its excitement and activity, yet, as all Europe knows, his mind has lost none of its former energy.

For many years he has suffered from a cough depending on no disease of the lungs, but on an excessive irritability of the mucous membrane of the bronchia, and to which he never paid much attention. Latterly he has been subject every autumn to an attack of inflammatory catarrhal fever, which passed off in a few days with slight medical assistance. In the year 1836, his Excellency fell upon the edge of a bed and bruised his ribs, on which accident an inflammation of the lung ensued, which was cured in the course of 7 days. It was rather remarkable that, on the 7th day, a great quantity of purulent matter was expectorated, and from this time the inflammatory fever ceased. In the years 1837 and 1838, he enjoyed pretty good health. In the month of July and August of the year 1839, his Excellency was attacked with congestion, which produced such vertigo as to cause him to fall. This affection passed away; but soon afterwards inflammation of the eyelid of the right eye, along with a sense of pressure of the eye-ball, lacrymation, and occasional protrusion of the eye-ball occurred. By remedies which seemed to correspond to the cure, these symptoms were alleviated, but the inferior eyelid still remained inflamed.

Thus with more and less inconvenience did the spring of 1840 pass away. In the month of May he was once again attacked with severe vertigo. During the months of July, August, and September, he remained well, except the lacrymation of the right eye, which still continued. On the 9th of

* Being a series of letters which appeared in the *Homœopathische Zeitung*, July 1841, written by Dr Hartung, Staff-Physician in the Lombard Venetian States, under whose care the Count was.

October he was exposed for 5 hours to a burning sun and piercing wind when on horseback. Soon afterwards his face became red : in the evening urgent fever set in, attended with a pain in the right side of the forehead, so severe, that although he before never had uttered a complaint, he said to me, if it lasted much longer it would be quite intolerable. The eye was much inflamed and protruded from its socket ; the pulse was full, hard, apoplectic. I administered what seemed to me the proper remedies. At one o'clock in the morning the headache abated, the eye returned to its place, and the following day his Excellency attended the morning parade (*kirchen parade*), reviewed the troops, and was 6 hours in the saddle. In the evening, except being fatigued, he felt quite well. He rested the following day, and then pursued his journey to Milan ; the right eye was still red and full of tears.

By perseverance in the treatment at Milan, the cure was so far effected, that there remained only redness of the under eyelid, tearfulness, and a swelling above the external canthus, without pain or impairment of vision.

About the end of October his Excellency travelled to Verona, where he tarried 6 weeks, and made, during very cold, damp weather, a journey to Modena. Here it was that a swelling the size of a bean, proceeding from the internal canthus, became developed on the lower eye-lid ; while the swelling in the orbit at the external canthus, as above described, enlarged, and the eye was considerably protruded from its orbit, with occasional pain in the brow, and violent congestion of the head.

Eight days after this his Excellency returned to Milan, when I found him in the condition described above. His situation appeared to be alarming ; for I plainly saw that a fungus had formed in the orbit, and that there was danger of its increasing. I gave him emollient cataplasms to remove the inflammation, which embraced the whole cheek. They answered the end. I discontinued them, however, lest their application should injure the eye, and directed my treatment against the growth, attempting, if possible, to check its ad-

vance, at the same time striving to maintain the whole frame in its former vigour, and to raise the depression of spirits.

The medical treatment was directed by the homœopathic principle. The medicines which were administered and repeated as occasion required,—for respect had to be had, not only to the growth of the tumour, but also to the tendency to apoplexy, and the general tone of the system had to be strengthened—were 1 acon., 2 baryt. carb., 3 zinc, 4 anacard., 5 cale., 6 euphras., 7 merc. sol., 8 merc. cor., 9 antimon. crud., 10 digit. These were the chief medicines which were used, along with occasional intervening doses of palliatives.

The consequence was, that his Excellency, on the whole, enjoyed good health, with the exception of congestion of the head. The growth of the excrescence could not be arrested. Both the tumour at the external canthus, which was now evident from its blue colour, as well as the tumour at the internal canthus, were increased in size; and now there protruded between the eyeball and the lower eyelid, a spongy, elastic, granular, pale-red, painless tumour; and by this the eye was confined in its movements, the pupil looking upwards and outwards, but the power of vision was not impaired.

I consulted with Professor Flaser of Pavia, who had recognised the disease which I had before believed it to be. He gave the most unfavourable prognosis, saying that “there was nothing left for us to do.” This opinion deeply affected the spirits of his Excellency, and it was agreed to give him daily one-fourth of a grain of *merc. cor.*

After Dr Flaser, Professor of Ophthalmic Surgery in Pavia, had seen the case upon the 6th of January, he publicly declared, in the presence of myself and others, that in this case neither by allopathy, homœopathy, hydropathy, nor any other method of treatment, could any good be wrought; that his Excellency must die of extreme exhaustion (*auszehrung*), or of an apoplectic stroke, and that he, Professor Flaser, would prescribe nothing, being fully aware of the danger. For the sake of giving his Excellency encouragement, I requested the professor to propose something in my presence. So he recommended *merc. sub. cor.*, one-fourth of a grain daily, firmly believing it could do no good; but, as he said to me, “he

knew no more suitable medicine." In consequence of his advice, I gave the one-twelfth of a grain ; but even this he could not bear, on account of the violent congestion in the head, so that I was obliged to give an antidote to allay the congestion.

At this state of things I wrote out the history of the case, and gave it to his Excellency to be forwarded to Vienna. Thus the whole matter came to the knowledge of our chief nobility, and even of his majesty. His majesty the Emperor hereupon determined to send his staff physician, Dr Jäger, Professor of Ophthalmic Surgery in the Joseph's Academy at Vienna, to Milan, to consult with me, and in conjunction with me (*vereint mit mir*) to apply all remedies that might prolong the life of the Field-marshal

In the mean time I did my best to maintain the general health, having still respect to the fungus. The enlargement of the fungus I could not arrest ; on the contrary, it increased in such a way, that, at the external canthus, near the lacrymal gland, a greyish, blue, hard, spongy excrescence, of more than 8 lines broad, developed itself, which, gradually diminishing in its proportions, extended in a crescentic form to the internal canthus. From this place, under the lower eyelid, a greyish blue tumour manifested itself, which presented a perpendicular wall, and lost itself in connection with the bones of the nose. The tumour at the internal canthus had increased threefold, and had become harder, and of a deeper red colour. The whole fungous excrescence was affected with various pains, lancinating, burning, tearing, and itching ; it bled readily ; the eye itself was free from pain, and lay in a depression between these two eminences ; it was protruded from its sockets, motionless, and directed outwards. The powers of vision were also impaired ; for on the outside he saw like black objects without being able to distinguish what they were. The conjunctiva was injected, and of a dark red colour, playing into a blue red. The fissure of the eyelids were covered in the morning with a white pus-like tenacious mucus ; in the course of the day there was increased sensibility of light, and copious lacrymation ; in the evening increased heat, dryness, and pain.

Such was the state of the disease when Dr Jäger arrived at Milan. Dr Flaser was also sent for ; and on the 26th we three

met together to communicate our respective opinions of the case, and consult on its further treatment.

Professor Jäger declared the disease of his Excellency to be incurable, because, depending as it did on constitutional derangement (*dyscrasie*), an operation would do no good. He knew of no internal remedy, as this disease never had been cured. (*Da diese krankheit noch nie geheilt worden sei*).

Dr Flaser expressed himself again exactly as he had done before.

If I had been guided by my experience of forty years in the old Rational School of Medicine, I should have been constrained to agree with my colleagues.

It was very difficult to communicate this to his Excellency, without agitating his mind and lessening his confidence in me. The full particulars of the case, however, were told to his Excellency, and it was explained to him that his only chance of recovery lay in implicit reliance in me and my remedies. It was explained that bleeding, pain, &c., would occur; that the tumour would become purulent, and that for this the requisite remedies would be administered.

Professor Jäger, out of his deep respect for his Excellency the field-marshal, acquainted his Imperial Highness the Viceroy with the whole matter, and then, after a three days' stay, departed for Vienna.

The Viceroy, on visiting the Field-marshal, observed—"He hoped that his Excellency would put confidence in me and my remedies alone." On my next visit his Excellency embraced me and said,—“My friend, now they are all gone, do with me what you please; I have perfect confidence, and will have no more physicians.” These words affected me most deeply. Two learned doctors and professors of great experience had, with apodictic certainty, declared the complaint incurable, with which I was constrained to agree. Here, in Milan, the most different rumours were afloat, and I received letters with the strangest contents; in short, I felt my situation to be desperate. Day and night did the image of his Excellency stand before my eyes. At last it occurred to me—it is true Professors Jäger and Flaser are rational and long-experienced physicians, but no friends of homœopathy; already have I cured

many patients of diseases pronounced by the Rational School to be incurable, by following homœopathic principles ; as for rumours, they are but talk, which may not annoy me ; so comforted, and with a quiet conscience, did I pursue the course I had begun.

The consequence up to this time is favourable, for the hæmorrhage, which had already commenced, is abated, as also the threatened cancerous transformation (*übergang*). The pains are entirely gone ; the upper tumour, which appeared in the form of a swollen prominence above the lachrymal gland, has now only an inconsiderable elevation ; the superior margin of the orbit is comparatively unaffected ; the hard swelling at the internal canthus, as well as the tense swelling or visible fungus between the eyeball and the under eyelid, are every way less, so that his Excellency can again look towards the nose, and distinguish objects as formerly. The eye moves freely in its socket, and, along with the surrounding parts, has assumed a more natural colour. In other respects his Excellency enjoys good health ; his mind and body both retain their former energy and power.

I shall continue the homœopathic treatment. I cannot say whether I shall be able to improve the condition of his Excellency, inasmuch as the malignity of the disease, especially in so aged a person, is but too well known, and cure never yet has been effected ; but even if no cure be effected, I should be well pleased if his Excellency remained in his present condition.

Milan, 19th Feb. 1841.—I continued to pursue the homœopathic treatment as mentioned above. The consequence was so favourable, that I have attempted in a drawing to make it manifest.*

After so favourable a course the hope of ultimate cure might be entertained, after this frightful disease—fungus—which before had extended over a surface of four inches, was now confined to a small fungoid swelling, which could only be perceived by drawing aside the under eyelid, and the general health of his Excellency was perfect.

* The drawing is interesting, and gives an excellent idea of the disease and its course. We could not give a copy without risk of injuring the original. (Note to original).

Although all this is true, yet comes the reflection, that a fungoid tumour of so great an extent, in so important a part, and at so advanced an age, has never yet been cured; wherefore I do not venture to speak more of the cure, until this little tumour also be entirely removed.

The truly homœopathic operation of the medicines was here most striking. Only two remedies were required; and of these, besides their external application, only three globules of the decillionth dilution were given alternately, every eighth day in the evening, and on the morning of the ninth. After every dose, his Excellency experienced the sensation of all his previous sufferings, but without pain, and going away like a breath; then did the cure proceed.

Milan, 16th March 1841.—Since my letter I have been continuing the homœopathic remedies, and I am happy to say, that the tumour of the lower eyelid is almost gone; there only remains a slight projection of the eyelid. As this has been for long present, and often affects old persons from the relaxation of the muscles, perhaps it may remain as it is, without giving farther inconvenience,—perhaps not.

The appearance of the eye now shews that the horrible fungus is dissipated, for it has exactly the appearance of the other eye, and the power of vision is restored to it. His Excellency can now drive, and ride, and go through all his business with the eye exposed.

On the 19th of this month, on the occasion of the Emperor's birth-day, his Excellency attended divine service in the immense vaulted cathedral, for an hour and a half, when the temperature was very low, with his eye uncovered. After this duty, his Excellency reviewed the troops, exposing himself for more than an hour to the direct light of the sun (a change of temperature of not less than 15° R.) Neither extremes affected the eye. In the evening he was present at a saloon, where there was upwards of fifty persons present, and above 100 lighted candles, with his eye uncovered, without experiencing the slightest inconvenience, not to say pain.

Yesterday and to-day has his Excellency pursued his usual avocations, without the slightest injury to the eye; and this pro-

duces the conviction that the disease is cured, and requires no farther description.

Milan, 22d April 1841.—On the 26th of January, in consultation with Professors Jager and Flarer, at which both declared the disease to be incurable, and declined prescribing, I proposed giving the 30th dilution of *arsenic*, then *psorin*, *herpetin*, and *carbo animalis*; at the mention of which last, Dr Flarer ironically exclaimed, *Verbranntes Bratl!* (burnt chops). I heard him, and thought it is not rational, because Dr Flarer does not know its operation. I shall now give the result of these medicines, which were administered in the order mentioned above. *Arsenic. alb.* 30th dil., 6 globules produced the 1st day severe pain in the whole of the head, with considerable congestion. He was very restless during the night. The 2d, no change in the symptoms; the night sleepless. On the 3d day the headache abated, and diarrhœa set in; the night was quieter. On the 4th day weariness, somnolence, continued diarrhœa. The growth of the fungus advanced; the eye protruded further.

Psorin 30 $\frac{1}{6}$, given early on the 5th day, manifested, on the 1st day, pressure on the right eye; severe pressive headache, extending to the upper jaw; tolerably quiet night. The 2d day like the first, only the pressure on the eye was less. On the 3d day the pressure on the eye and the pressive headache were abated; in other respects no change. On the 4th day no change, only the fungus grew, and hæmorrhage was easily produced in it.

On the following day I gave *Herpetin* 30 $\frac{1}{6}$. On the 1st day, pressure, with giddiness of the head, which abated towards evening; a quiet night. On the 2d day, less pressive headache, attended with slight giddiness, painless borborygmus; a fluid stool in the evening; a quiet night. On the 3d and 4th days, no pain; in other respects no change for the better, on the contrary, extension of the fungus, and tendency in it to bleed.

On the following day I gave *carbo animalis* 30 $\frac{1}{6}$. The 1st day, pressure of the right side of the head; itching of the internal canthus of the right eye; increased tearfulness of the eye; the night quiet. The 2d day as the first; a quiet night. On the 3d day, pressure on the side of the head diminished;

but itching of the canthus and tearfulness increased. On the 4th day, no change in the general symptoms (in Allgemeinen).

The hæmorrhage had abated, and his Excellency felt light and well; the fungus did not increase any more, but remained unchanged, so I allowed the medicine to work for two days more, but no further change followed. Thus I saw that from the first three remedies no benefit, but rather the contrary, had been derived, while the last seemed to have arrested its growth, but did not cure it. Then I thought that as I had often cured swollen and indurated tonsils with *Thuja occident.* alternately with *Petroleum*; with *Thuja* alternated with *Sulph.* and *Graph.* I had often cured warty cutaneous excrescences; with *Thuja* alternated with *Carbo animalis* I twice cured scirrhus of the mammæ;—so here I determined to try the effect of *Thuja* and *Carbo animalis*, and so I prescribed.

Thuja occident. 30; *guttam unam.*; *aqua distill. com. uncias tres.* M. D. S. three times a-day a tablespoonful to be taken.

On the first day, all the affections from which his Excellency had suffered, as headache, night cough, slight diarrhœa, pain in the renal region, with rose-coloured deposit in the urine, itching, with red marshy eruption on the inner side of the leg, disappeared, except the cough.

On the second day, no change, except that the pain was felt at another place, and very slight.

On the third, no more pain; itching of the internal canthus; excretion of a milky or sweet creamy-like moisture around the whole circumference of the fungus.

I ordered *Tinct. Thujæ occid. guttas sex, aquæ distill. com. uncias quatuor* M. D. S. to be applied warm to the eye every two hours. On the fourth day no pain; cream-like excretion increased; the fungus, particularly at the upper margin of the orbit, decidedly lessened. On the fifth, sixth, and seventh days no pain; the excretion diminished; the lower part of the fungus, and that at the internal canthus, diminished to the astonishment of all who had before seen the case. The external application of the *Thuja* was continued.

After ten days' use of *Thuja*, I gave *Carbo animalis* 30½ in the evening, and on the following morning, a similar dose

of the same. On the first and second day, pains occurred in the right side of the head, as after the *Thuja*, only they extended to the left side as far as the ear, and passed away like a breath (*wie ein Hauch vorübergehend*). The discharge from the tumour continued ; there were no pains in the eye.

On the third, fourth, fifth, sixth, and seventh days, no headache ; discharge continued. I now moistened the prominent part of the tumour with the 12th dilution of *Carbo animalis*. The *Thuja* embrocations were then continued, the fungus decreased most markedly, the eye returned to the orbit.

The internal and external use of these two remedies, *Thuja* and *Carbo animalis*, alternately every eight days, was persevered in. The result was, beyond all expectation, so successful, that, in the course of one month and a half, the whole fungus had disappeared, the eye, with its vision restored, moved freely as the other in its orbit ; only the lower eye-lid still protruded somewhat, and the eye ran with tears. These two symptoms likewise improved in the course of time.

As his Excellency had long suffered from both watering of the eyes and protrusion of the lower eyelid, brought on partly from their natural conformation, partly from severe exercise—as also the latter symptom was caused by the failure of the muscular action, the consequence of his advanced age,—especially as the fungus had disappeared, and the eye was recovered, farther treatment was not considered necessary.

His Excellency has continued, under all changes of weather, and after various considerable journeys, without the eye having become in the slightest degree morbidly affected ; hence, I can say, *this disease, declared incurable, has been permanently, quickly, and harmlessly healed by the homœopathic principle.*

It is very remarkable, and confirms the permanent nature of the cure, that many trifling complaints which used formerly to annoy his Excellency, such as headache on the right side, with congestion in the head, cough of long standing, without any affection of the lungs, pains in the loins, itching of the arms, and acid eructation from the stomach, all entirely disappeared on the disappearance of the fungus ; and his Excellency continues perfectly healthy and well.

DR HARTUNG.

ON THE PROVING OF MEDICINES ON THE HEALTHY BODY.

By Dr DRYSDALE, Liverpool.

The proving of medicines, *i. e.* the practice of ascertaining the action of medicine by experiment on the healthy body, may be justly considered as having originated with Hahnemann ; for, although Haller had previously recommended it, on the obvious principle, that it is desirable to be acquainted with the properties of the medicines we employ, and Alexander had even made a few isolated and imperfect experiments on his own person, there was still wanting a definite therapeutic principle to give the practice such value in the estimation of medical men in general, as would induce them to act on Haller's recommendation. This connecting link was afforded by Hahnemann's discovery of the law *similia similibus*.

The proving of medicines, therefore, was the first offspring of Hahnemann's discovery, and a necessary preliminary to the construction of a therapeutic system. For the same reason, unless it be continually carried on, Homœopathy must remain stationary ; in other words, an increasing knowledge of the specific action of medicine is a necessary condition of the advancement of therapeutics.

Hahnemann himself set a noble example in this respect to his medical brethren, for, not satisfied with pointing out the proper path to be pursued, he led the way, by instituting a series of experiments on his own person and many of his friends, with the view of ascertaining, on incontrovertible grounds, the physiological action of the different articles of the *materia medica*. These experiments, continued during upwards of thirty years, are still the most satisfactory on record, and must ever remain a splendid monument of the untiring zeal and powers of patient investigation which distinguished the founder of the homœopathic method. It is the duty of all medical men to contribute their share to this important work ; and in doing so, it must not be forgotten, that a more direct advantage will accrue to them from the personal knowledge they will thereby acquire of the minuter shades of the specific action of medicinal substances. We propose, therefore, in the present paper, to make some remarks on the proper mode of

conducting investigations of this kind, pointing out the principal circumstances which must be attended to, and the cautions to be observed, in order that the results arrived at may be worthy of such confidence as to entitle them to be applied to practice. We are led to do so, in the hope that our remarks may be serviceable to those who feel inclined to advance the cause of Homœopathy, by extending our knowledge of the pathogenetic effects of medicines.

Age and Sex.—In investigating the action of medicinal substances on the body, allowance must be made for the modifying effect of all those circumstances which influence the action of other morbid causes, for it is in this light that medicines are truly to be regarded. Among these modifying circumstances may be first mentioned age and sex. The medicine must be tried on individuals of all ages and both sexes, for obvious reasons; but, besides the difference arising from the distinct nature of the sexual organs, it is found that some medicines suit one sex better than the other, even in complaints which are common to both, *e. g.* crocus and platina are particularly adapted for the female sex, and nux vomica for the male. The same remark has been made with respect to children and aged individuals, in complaints not connected with the sexual functions.

Temperament.—Individuals of different temperaments also should be chosen as subjects of experiment, and all differences in the character and intensity of the symptoms observed in each temperament should be carefully noted, for it has been found that certain medicines are particularly adapted to certain temperaments, *e. g.*, nux vomica, bryonia, nitric acid, &c. to the nervous-bilious temperaments, pulsatilla to the lymphatic, and so forth. The influence of habit of body is also not to be overlooked.

Idiosyncrasy.—An important modifying influence is idiosyncrasy. Idiosyncrasy may be of two kinds, *i. e.* it may give rise to an action differing altogether in its nature, or differing only in degree from the normal action of the substance. The effect of a substance administered to a particular individual may be altogether peculiar, as in those rare cases where odours usually disgusting produce a pleasant impression on the olfac-

tory nerves, or where simply nutritious articles give rise to anomalous affections, or where particular medicines produce an action altogether foreign to their usual symptoms. From such peculiarities as these, no useful instruction can be gained. But, in the majority of instances, idiosyncrasy is nothing more than an increased susceptibility to the normal action of the medicine, as, for example, when the dust of ipecacuanha produces asthma, or a fraction of a grain of mercury produces salivation. These are merely the normal effects of the substances in question; and their inertness in similar doses in most cases is, as well remarked by Hahnemann, only apparent, for they do act more or less on all individuals in the same manner, but the susceptibility is only developed in a few in health, to such an extent as to make it perceptible. In disease, however, they act in all cases when homœopathically indicated; and a diseased state of the system may thus be looked upon as equivalent to an idiosyncrasy in relation to the homœopathic remedy. But the progress of chemistry has furnished us with further confirmation of this opinion. The excessive itching of the body which has long been observed in some rare cases to follow the exhibition of opium, was generally looked upon as the effect of an idiosyncrasy or peculiarity in the individual, and not to be accounted for by any thing in the medicine itself; but, since chemical analysis has shewn the composite nature of opium, it has been found that one of its constituents, viz. codeine, produces in almost all individuals, when given in sufficient dose, a species of febrile nettle-rush, attended with excessive itching over the whole body. The itching occasionally observed to follow the exhibition of opium may, consequently, be considered to have been nothing more than the effect of an unusual susceptibility to the normal action of codeine. Idiosyncrasy is therefore often a valuable adjunct in the proving of medicines, as it gives a peculiarly distinct, and, as it were, exaggerated, picture of the specific action of the substance.

The provings must be often repeated.—Independently of the reasons already given for multiplying the experiments, it is desirable, for another reason, to repeat the provings on a large number of individuals, for, as slight variations in the

different functions are experienced by every one, even when in the best health, it is only from their repeated occurrence that we are justified in ascribing many of the common symptoms to the effect of the medicine.* In order, therefore, to avoid the admission of accidental symptoms, none should be adopted, unless they have been found to present themselves in several of the provers. By comparing also one proving with another, and ascertaining the degree of constancy with which the different symptoms have appeared, we may discover those most characteristic of the action of the medicine. It is to be remembered also, that all individuals are not susceptible of all the effects which a medicine is capable of producing, one action appearing in one individual, and another in a second, and so on, and thus a large number of experiments is required before we can obtain a complete view of the action of a medicine, just as a correct idea of the character of an epidemic can only be obtained by the comparison of a large number of cases.

Form and Preparation.—The medicines should be used in the form that is most easily reproduced, as it is essential that a preparation precisely similar to that proved should be always employed. Such specimens should therefore only be chosen as are well characterized, and of known genuineness and purity. The simplest form of administration should be adopted : of fresh plants the expressed juice mixed with a little spirit of wine may be given ; of dried plants a tincture, powder, or infusion fresh prepared. Salts should be dissolved and gum resins mixed in a large quantity of water just before taking them. Insoluble substances triturated for a length of time with 5, 10, 50, or 100 parts of milk sugar.

Dose.—As a general rule, we must begin with a small dose, and increase it gradually till distinct symptoms make their appearance. To obtain a complete knowledge of the action of a medicine, it is necessary to give it both in large and in

* Widumann, when in the best health, noted down for some time all his sensations, and was astonished at the number and variety which he experienced ; and if he had been proving any medicine at the time, these symptoms might have been put down as the effects of the medicine, had the precautions above mentioned not been attended to. *Hufeland's Journal*, Nov. 1823.

small doses, but the latter are by far the best adapted to develop its specific effects, for very many medicines are evacuants in large doses, and produce their own expulsion, thus preventing their specific action from being fully developed; for example, if mercury were always given in purgative doses, one should learn very little of its other infinitely more characteristic effects. Large doses of some substances produce also a certain amount of chemical action, which either overpowers, or, at least, prevents us from observing distinctly their proper specific dynamic action. The most useful doses are therefore those which are just sufficient to produce distinct symptoms; such doses are also the best, as they produce chiefly primary symptoms; while large doses cause many secondary symptoms, and act so rapidly that the observer is confused. The dose may be repeated once or many times daily, and for many days in succession; but in that case it is often difficult to separate the primary from the secondary symptoms, and also the course of the symptoms cannot be so accurately observed. It is therefore often useful to give a single pretty large dose, and watch its effects. This plan is chiefly useful with some vegetable medicines whose sphere of action is small, and of which the first dose sometimes exhausts, for a time, the susceptibility of the system to the action of the substance.

Diet.—The diet and regimen of the prover must be regulated with great care. Moderation in every thing, and abstinence from every thing tending to exercise any medicinal or distracting influence, are necessary. All fermented and spirituous liquors, coffee and spices of every description, all green vegetables and roots, with the exception of green peas, kidney beans, carrots, turnips, cauliflower, and potatoes, and even any one of these, should it disagree in the most trifling manner with the stomach, must be avoided during the proving. Also all over-exertion of the mind or body, deep study, strong mental emotion, and violent passion, unfit the individual for these experiments.

Directions for Individual Provers.—Each one must write down his name and age, and description of his person, indicating the temperament, complexion, colour of the hair and eyes, stature and habit of body, &c. Anonymous observations should be rejected, except in the case of females and non-in-

telligent provers ; but, in these instances, the person under whose direction the experiments are conducted is to be held responsible for their accuracy.

Signalization of Proven Persons.—These precautions may seem unnecessary, but unfortunately they are not so; for, incredible as it may appear, individuals have actually been found base enough to sport with the lives of their fellow-creatures, by the publication of false provings for the sake of gain.*

Observe himself before beginning.—The prover should choose a period when he is in the best health, and regulate his diet according to the above directions, at the same time avoiding all causes of unusual mental and bodily excitement. As every one, however, is liable, even in the best state of health, to slight variation in the sensations and functions, each prover should observe himself accurately for a week or ten days before commencing his experiments, and should write down all his sensations just as if he were taking the medicine. Having thus discovered what symptoms he is liable to naturally, he must afterwards carefully avoid setting them down among the effects of the medicine. Most persons have also some weak point in their constitution which is liable to suffer from any cause that in any way deranges the general health, whether that cause act specifically or not on the organ in question. The prover must, of course, avoid enumerating these symptoms also among the effects of the medicine. Should there occur, in the course of the proving, such a deviation from the diet or regimen, as would throw doubt on the results, the subsequent symptoms must be included within brackets ; and if any interruption of greater moment should arise, the proving is to be altogether suspended for a time.

Having duly attended to all these preliminary precautions, the prover should begin to take the medicine whose action he wishes to investigate, in any of the doses already mentioned, and when symptoms begin to shew themselves distinctly, he

* A miscreant called Fickel published, under feigned names (Heyne and Hofbauer), two books of fictitious provings. From their internal evidence alone, Drs Trinks and Helbig of Dresden shewed that these were false, and that both publications were the work of the same individual. They were, at length, traced to Fickel, who was, at the same time, detected in other knavish practices, and was forced to fly from Leipzig to avoid imprisonment.

should describe them as accurately as possible, observing the following cautions :—

Primary and Secondary Symptoms.—One of the most important things to be kept in view is the distinction of symptoms into primary and secondary ; for it is familiar to all that any unusual action or excitement of any part is invariably followed by a corresponding degree of quite the opposite state, and, therefore, it is the primary symptoms alone that are valuable as shewing the specific action of the substance ; the secondary being merely the result of the previous excited action of the organism. For example, if a medicine, by its immediate and direct operation, excite purging, this is necessarily followed by a state of constipation for a longer or shorter period, as a mere consequence of the exhaustion which follows the primarily excited action, and the constipation is therefore not, in any way, a characteristic effect of the substance which caused the purging.

The secondary action should, therefore, either not be written down at all, or if written (which it sometimes may be as it may contain something expressive of the precise character of the primary symptom), it should only be placed after the primary, and *never as an independent symptom*. In the proving of Chamomilla, for instance, constipation is mentioned several times, but Hahnemann* expressly states, that, on all these occasions, it is merely the secondary effect of previous diarrhœa, and, accordingly, it is never found useful in constipation, but is specific in several forms of diarrhœa. This is a point of the greatest importance, for if not attended to we cannot distinguish between the homœopathic and antipathic action of the medicine, and are, therefore, in danger of falling back into the old routine practice. It is a point, also, which only the prover himself can rightly distinguish ; for we find the exhibition of the medicine followed by two opposite classes of symptoms, the one being the true specific action of the medicine, while the other is of no value at all. If these are then all simply written down, a confusion arises which no one afterwards can unravel, and the proving is consequently rendered worse than useless.

* *Reine Arzneimittellehre*, bd. 3. Art. Chamille. Sympt. 180–183.

Alternative Symptoms.—It is found that some medicines produce, at different times, symptoms which are quite opposite in their character, both of which, however, are truly primary, not being the secondary results of any previous excitement. These can easily be distinguished by the prover, who must carefully avoid confounding them with the really secondary symptoms.

Course of Symptoms.—It is to be remembered that the object of proving is to ascertain, not so much the mere symptoms which follow the administration of a medicine, as the pathological state on which they depend; and, therefore, it is not sufficient to note down the symptoms in a detached and isolated form, but their course and connection must also be carefully observed and accurately described. Instances will, no doubt, occur to the reader, in which the course of the symptoms furnishes one of the best means of diagnosis between different morbid affections of similar character.

Connection of Symptoms.—Attention to the connection of the symptoms is still more important, as leading more directly to a knowledge of the precise seat and nature of the pathological change. For example, pain in the lumbar region, as an isolated symptom, is of little diagnostic value; if it occur, however, in connection with vomiting, it would lead us to suspect the presence of some affection of the kidney, yet without enabling us to determine the precise nature of the affection; but if to these two symptoms be superadded general fever and ischuria, then the diagnosis of nephritis becomes complete.

Isolated Symptoms.—But the fact must not be lost sight of, that individual symptoms will frequently arise in the course of the provings; and as these symptoms are often of great value, as indicating the therapeutic powers of the substance, they must be carefully registered.

Description of Symptoms.—In describing the symptoms, the greatest minuteness and accuracy must be observed; the character of the sensation should be indicated as accurately as possible, which is often best done by some familiar comparison, then should be stated how the symptom is affected by different circumstances, such as position of the body, motion, or rest, eating or fasting, day or night, in a room or the open air, state of the weather, &c., and, in short, no circumstance, how-

ever trifling, must be omitted, which may in any way tend to indicate the characteristic action of the medicine.

A few special examples may probably be the best way to illustrate the minuteness with which it is necessary to examine and describe the symptoms.

Head.—To put down simply headache as a symptom of a medicine, would give little information as to its specific action, as that is one of so general occurrence. The pain must be described as accurately as possible, and this often can be best done by a comparison with some familiar sensation. It must be stated, for instance, if it is shooting, tearing, throbbing, &c., or creeping, buzzing, vibrating, &c., or if pressure, whether from within or without, or downwards; or if it is like a cord round the head, or a sensation of weight or lightness, fulness or emptiness, heat or cold, &c. Also state accurately the part of the head affected; or if it varies, state the course and direction of the pains. At the same time state any symptoms that accompany the headache: this is of great importance, as the accessory symptoms are often the best means of distinguishing the character of the affection: among these are usually affections of the eyes, nausea, variation of the countenance, shining or heat, &c. In short, any sympathetic symptom, however trifling, that may tend to mark the character of the primary affection, should be noted. The state of the mind that attends each variety of headache is also to be accurately noted. Also note the circumstances in which the pain is aggravated or ameliorated, such as lying down or walking about, time of day, eating, &c.

As an example, we may take symptom 67 of Hahnemann's proving of *Rhus toxicodendron*.* "On awakening from sleep, immediately on opening the eyes, he is seized with violent headache, at first in the forehead behind the eyes, as if the brain were torn, like that after intoxication from brandy, increased by moving the eyes; then in the occiput, like a bruise of the cerebellum."

Or *Nux vomica*,† symptom 34. "Headache, beginning some hours before dinner, increased after eating; then violent shooting pains in the left temple, with nausea and very acid vomiting, all which symptoms disappeared on lying down in the evening."

Or *Belladonna*,‡ symptom 96. "Pain close above the orbits, with the feeling as if the brain were pressed out, preventing the eyes being opened, and forcing the patient to lie down, with strong contraction of the pupils and feeble voice."

As another example we may take the urinary organs. Describe the state of the urine according to (*a*) its physical and chemical characters. Specific gravity, colour, consistence, smell, acid or alkaline secretion, whether albuminous, &c.

* *Reine Arzneimittellehre*, vol. ii. Jourdan's Trans. Tom iii.

† Vol i.

‡ Ditto.

(b) Any sediment should be described, whether flocculent, crystalline, what colour, &c. Also its appearance under the microscope, and chemical analysis, or at least the action of a few of the common reagents.

(c) Its discharge, whether frequent or seldom, copious or scanty, difficult or painful, &c.

(d) The accompanying symptoms, before the discharge, during and after it. Any pains or diseased sensations in the urethra, bladder, or other organs connected with the function.

As another illustration we may take cough. Its character should be accurately described, whether deep, tickling, hollow, short, hard, spasmodic, dry or moist, &c. The expectoration should be minutely described, whether easy or difficult, copious or scanty, mucous, purulent, frothy, bloody (if pure blood, whether bright or dark), according to the colour, taste, and smell; and it should also be examined with the microscope and a few simple chemical tests. It should also be stated what the cough is more immediately excited by, such as itchy, tickly, dryness, oppression, &c. in the larynx, trachea, or chest; also the circumstances that bring on, or aggravate, or ameliorate the cough. And not neglect to mention minutely the sympathetic or accompanying symptoms, which are very often the only means of obtaining a characteristic of the substance; such as, pains (accurately described) in the chest, head, or abdomen, dyspnoea, palpitation, nausea, eructation, vomiting, epistaxis, pain in the eyes, ears, &c.

Examples from Hahnemann's *Materia Medica*.—"Dry cough during the night, which goes off on sitting up, but returns on lying down again." *Pulsatilla*, symptom 617.

"Dry cough, as if coming from the stomach, preceded by a creeping and tickling at the epigastrium." *Bryonia*, symptom 398.

"Tickling cough from irritation at the bifurcation of the bronchiæ, from the first loose, with greenish, nauseous, sweetish tasted expectoration, worse in the evening before going to bed; attended with hoarse voice and rawness of the trachea after each cough." *Stannum*, symptom 364.

It is unnecessary to multiply examples, as these may be deemed sufficient: I may therefore say that the same degree of minuteness is to be extended to the observation of all the organs and functions of the system. The state of the mind and temper are also to be carefully observed and noted.

Conclusion.

In conclusion, it must be observed, that, as the object of proving is to obtain as perfect a knowledge as possible of the artificial diseased states produced by the medicinal substance,

all the care, skill, and knowledge that are required for the diagnosis of natural diseases are required equally for investigations of this kind. Perhaps these qualities are even more essential in this case, for we have not, in the great majority of instances, the aid which pathological anatomy affords. The first step is to give a perfectly faithful account of all the phenomena, quite unbiassed by any theoretical views or speculations on the part of the observer. The strong tendency to theorize existing in the human mind may render this task difficult; but it is absolutely necessary to lay aside any peculiar notions we may entertain, so that our knowledge may be made useful only in directing our attention to all the circumstances which might indicate the exact nature of the affection, carefully abstaining, however, from drawing any deduction; for, by this introduction of hypothetical reasoning, we should at once take away the purely positive character of the observation.

The works of Hippocrates contain a description of nearly all the diseases that are at present known, and some of his descriptions are as characteristic as any to be found in the works of modern authors, just because he was content to be a faithful observer of nature. His *observations* are consequently as fresh and correct as if made yesterday; but when he introduces any pathological views, or attempts to theorize, his remarks bear the stamp of the rudeness and ignorance of his times. In like manner, Hahnemann, who may be regarded as occupying the same position with respect to the pathogenetic effects of medicines, that Hippocrates does with regard to diseases, has contented himself with giving pure observations of facts without ever attempting to theorize upon them, using his physiological and pathological knowledge merely as a guide to what it might be useful to note. His provings consequently contain the germ of all that is now known of the specific effects of medicines, and *they* are as fresh as if made yesterday, being remarkable for containing nothing at all of the theories of the day, most of which indeed are since exploded. A purely positive observation is for all time, and possesses the same value after the lapse of centuries as it does at the moment when first made; but any theore-

tical view, however scientific, or in accordance with the state of knowledge of the day, must of necessity be imperfect, and only of temporary value. The prover should therefore confine himself *entirely* to the observation of facts, and leave it to others to draw deductions, or if he does draw deductions, the facts and the reasoning should be kept quite separate and distinct.

THE HOMŒOPATHIC HOSPITAL AT VIENNA.

It is not our intention to give, in this Number of the Journal, a detailed account of the establishment of the Vienna Homœopathic Hospital, as we hope to be able to place the documents respecting it before our readers in the next, or, at all events, in some subsequent Number. All we shall here do, is to give a tabular view of the patients received, and the results of their treatment, from the time that the institution came under the charge of its present physician Dr Fleiselmann. It will be seen, from this report, that the diseases are for the most part of an acute character, and that the list includes all the most severe and fatal forms of diseases. When this is taken into account, it will be found that the mortality is indeed very small; and this is the best practical refutation of the groundless, for the most part merely hypothetical, objection to Homœopathy, that it is not fitted for the treatment of the severer forms of disease, however well it may answer for chronic cases.

The mortality in typhus may startle the British reader; but we would have him to know that the abdominal typhus of Vienna is a most fatal disease,—the mortality being about one in three or three and a half of those attacked,—and that it is a disease in which, confessedly, ordinary treatment is almost wholly unavailing.

We may mention, from personal observation of about eight months, that the treatment of the cases is purely homœopathic; that although we saw constantly the severest cases treated, we never saw bloodletting employed. It is by what Homœopathy can effect, when given the uncontrolled direction of hospitals, that data will be afforded for estimating its remedial power.

*Report of the Vienna Homœopathic Hospital, from November 1386
to January 1841.*

DISEASES.	Admitted.	Cured.	Died.	Remain- ing.	Incur- able.
Small-pox,.....	56	47	8	1	
Acne,.....	11	10	...	...	1
Zona,.....	3	3			
Measles,.....	14	14			
Nettlerush,.....	1	1			
Scarlet fever,.....	10	9	1		
Chicken-pox,.....	32	32			
Chlorosis,.....	38	38			
Idiocy,.....	1	...	...	...	1
Uterine hæmorrhage,.....	14	13	1		
Cholera,.....	18	17	1		
Convulsions,.....	8	8			
Diarrhœa,.....	46	46			
Pulmonary affections,.....	25	24	1		
Vomiting,.....	7	7			
Inflammation of the eye,.....	22	20	...	2	
Peritonitis,.....	51	46	3	2	
Inflammation of the bladder, ..	3	3			
Inflammation of the ovaries,...	2	2			
Enteritis,.....	4	...	4		
Meningitis,.....	6	5	1		
Inflammation of joints,.....	73	65	1	7	
Cynanche,.....	117	116	...	1	
Inflammation of liver,.....	1	1			
Pneumonia,.....	128	117	7	4	
Pleuritis,.....	156	152	3	1	
Inflammatory fever,.....	32	31	...	1	
Gastric fever,.....	212	210	1	1	
Catarrhal fever,.....	59	57	1	1	
Typhous fever,.....	400	324	65	11	
Rheumatic fever,.....	242	238	4		
Continued fever,.....	1	1			
Intermittent fever,.....	106	104	...	2	
Gastric derangement,.....	69	69			
Jaundice,.....	22	22			
Ulcer of foot,.....	27	25	...	2	
Ulcer of throat,.....	7	6	1		
Phthisis pulmonalis,.....	54	...	34	3	17
Paronychia,.....	1	1			
Scrofula,.....	10	7	1	2	
Swelling of cheek,.....	12	12			
Swelling of foot,.....	10	10			
Submaxillary swelling,.....	3	3			
White swelling,.....	2	1	...	1	
Gout, acute,.....	34	31	3		
Gout, chronic,.....	5	5			
Arthritis,.....	1	1			
Sciatica,.....	2	2			
Cephalalgia, chronic,.....	53	51	...	2	
Carry forward,	2111	1907	141	44	19

Tabular Report—continued.

DISEASES.	Admitted.	Cured.	Died.	Remain- ing.	Incur- able.
Brought forward,	2111	1907	141	44	19
Hæmorrhoids,.....	10	10			
Disease of heart, organic,.....	8	...	5	...	3
Disease of heart, functional,...	1	1			
Spasmodic cough,.....	13	13			
Hooping-cough,.....	2	2			
Chronic bronchitis,.....	65	62	2	1	
Hysteria,.....	3	3			
Influenza,.....	32	31	1		
Colica pictonum,.....	14	13	...	1	
Enteralgia,.....	2	2			
Gastrodynia,.....	14	14			
Dysmenorrhœa,.....	3	3			
Cramps,.....	18	18			
Cancer of stomach,.....	2	...	...	...	2
Mania,.....	5	5			
Medullary sarcoma,.....	1	...	1		
Amenorrhœa,.....	2	2			
Menorrhagia,.....	4	4			
Scirrhus of lip,.....	3	3			
Nervous debility,.....	4	3	1		
Rheumatism,.....	87	87			
Erysipelas,.....	38	37	1		
Dysentery,.....	28	28			
Delirium tremens,.....	2	...	2		
Apoplexy,.....	7	4	2	1	
Sprains,.....	3	3			
Accidents,.....	17	17			
General dropsy,.....	5	5			
Ascites,.....	5	4	1		
Hydrothorax,.....	4	...	4		
Hydrocephalus,.....	2	2			
Epistaxis,.....	1	1			
TOTAL,	2636	2393	161	56	24

Total admitted,	.	.	.	.	.	2636
Total cured,	.	.	.	.	.	2393
Total died,	.	.	.	.	.	161
Total incurable,	.	.	.	.	.	24
Remaining,	.	.	.	.	.	56

This leaves the hospital quite full, for there are but 50 beds for adults, and 6 for children; and gives a mortality of 1 in 16, if the cases of typhus fever are included; if they are not, the mortality is reduced to 1 in 23. Allowing that 50 beds were always full, 28 days would be about the average time for each patient to remain in hospital.

NOTICES OF BOOKS.

HOMŒOPATHIC LITERATURE.

Über das Athmen, &c. und über Homœopathie. Vorlesungen gehalten in Museum zu Bremen, von Dr S. Ed. J. HIRSCHFELD, Bremen. Schünemann.

On Respiration, &c., and on Homœopathy. Lectures delivered in the Museum at Bremen, by Dr HIRSCHFELD, Bremen. Schünemann.

Dr Hirschfeld begins his lectures by observations on the immense advance in all branches of industry and of science that these later years have witnessed ; and remarks that one of the peculiarities of modern times is the breaking through the old bulwarks of sects and castes—the more general diffusion, not only of animal comforts, but of intellectual enjoyments—the tendency which men have to devote their leisure to the study of the sciences, notwithstanding the warning *halt* which the professed cultivators of these sciences have from time to time given. The application of these remarks to the interest which the unprofessional take in the art of medicine and the sciences therewith connected is obvious enough.

It has always seemed to us that the dread which the medical profession have generally entertained of the intrusion into their special province of ardent nonprofessional inquirers, arose in a great measure from the consciousness that the principles of their practice were not sufficiently well established to allow of their being exposed naked to the searching observation of impartial science. It was necessary to cloak them with mysterious caution, not to conceal their depth, but their shallowness. The cry of “*odi profanum vulgus*” was raised, not lest the people should injure themselves by tampering with dangers, but lest the profession should be injured by too open an exposure of their empty treasury. All arts and sciences, even the most lofty and wide-branching, have certain simple principles at their root, which all men may understand if they like to be at the pains, and the greater the expansion of the science, the more intelligible is it at the outset. When the

student of a true science halts, it is never from a feeling of insecurity in the steps he has made, but always from want of strength to proceed further. As to the danger from a slight knowledge of medicine, that depends on the kind of knowledge acquired. The knowledge of the principles of all medical inquirers can no more harm than the knowledge of the principles of explosion. It is not the dabbling in practice, but the thinking on the principles of all practice, that we hold never can be injurious; and we feel assured, that the more deeply any one has thought upon these principles, the more confidently will he acquiesce in that arrangement which gives to a particular class the duty of prosecuting these principles which he sees to be so important—so complicated in their results—so pernicious if wrongly, and so blissful if rightly, worked out.

The origin of medicine is buried in dark antiquity. Mankind, in the unrestrained enjoyment of the fruits of the earth, stumbled upon substances which were injurious to their health. When any one fell sick, it was natural to try upon him the effect of some of those herbs or other plants which were known powerfully to affect the system; if success followed in any case, then on the recurrence of the complaint the same substance was again administered. When a wholly new form of disease appeared, which the simple neighbours never before had seen, then aid was sought from the passer-by, the sufferer was carried to the road side, and the travellers that passed were invited to prescribe. Afterwards, instead of leaving them exposed, they were carried to the temples of the gods, where they enjoyed the advantages of shelter from the weather, the attention of the priests, and the advice of the concourse of people who flocked thither. When cure was effected or took place, the grateful patient most generally presented a gift to the shrine of the god of the temple, and had recorded the narrative of his disease, and the means used to cure him; thus the priests were at first the repositories of the medical experience.

By and by philosophers, and men of an inquiring mind, began to pry into these histories of cases treated—to arrange and to classify them. Thus, we observe, that our art began in simple unguided experiment, and was conducted

by experience alone, so that it was strictly empirical; and an art so based never can refuse, in any question of doubt, to try the doubtful matter by its own principles—to make its foundation-stone its touchstone.

It was when the art of medicine was in this state that HIPPOCRATES appeared. He was born at Cos in the year 460, B.C., in an ancient priestly family called *ÆSKLEPIADÆ*, which traced its origin up to *Æsculapius*, the god of medicine. From earliest childhood initiated in the mysteries of the healing art which were treasured in the family,—breathing the keen atmosphere of the age of Pericles, in which a Sophocles, an *Æschylus*, a Thucydides, an Herodotus, a Socrates, and a Plato, almost contemporaneously wrote and taught; in which a Zeuxis and a Phidias adorned the temples with their unsurpassed conceptions,—he enjoyed external excitement and support in a rare measure, and he used them in the beautiful, simple, natural spirit of the age,—truly apprehending and representing the living and visible without artifice of speech, or mixture of hypothesis,—and, what most of all is important, without disturbing the course of the observed disease by powerful drugs.

Our author gives us some specimens of the clear, true, admirable style of Hippocrates. “Two things,” says he, “must be carefully attempted in disease—to cure, and, at all events, *not to injure* the patient. Medicine embraces three parts—the disease, the patient, and the physician: *the physician should be the servant of the art*; the sick man must, with his assistance, contend with the disease.”

The characteristic feature of the writings of Hippocrates is the wonderful correctness of his descriptions of diseases, and his almost unerring prediction of the course and issue of their given forms; so much so that Galen, writing seven hundred years after, says, that he never found Hippocrates to be wrong in these particulars.

A man that devoted himself so entirely to what may be called the natural history of disease, could not be expected to do much for therapeutics; hence we find that his therapeutics were extremely simple; indeed his treatment might be called rather a dietetic than a therapeutic one. In his

writings he almost never speaks of medicines, but enlarges upon the most appropriate diet and regimen; and in this particular, his writings form a marked contrast to those of his cotemporaries, which are full of long and complicated receipts. Here one is tempted to ask, Whether all those who are so fond of using the words, "the old, true, Hippocratic medicine," do indeed in their practice follow the rules and respect the maxims which Hippocrates has inculcated?

From the time of Hippocrates to that of Galen, medicine partook of the character of the other sciences, being formed into systems, each of which had an adherent sect, who anatomized, and persecuted, if it had the power, other sects with the most reckless bigotry.

The dead sleep of the middle ages settled upon medicine from the time of Galen down to the beginning of the seventeenth century, when Harvey made his discovery of the circulation of the blood; and the proverb which then became current well exemplifies the spirit of dogged obstinacy that clings to opinions merely because they are old—"Malo cum Galeno errare, quam cum Harveyo esse circulator;" which means "I would rather be wrong with Galen, than be right with Harvey." [Circulator has a double meaning, being either a believer in the circulation as discovered by Harvey, or a quack, so that it might be thus rendered, "I would rather be wrong with the colleges than right with the quacks."]

The next great historical character is Sydenham, who, taught by the philosophy of Bacon, strove to bring back once more the experimental school; to which object the introduction of new medicines, particularly of cinchona bark, the cultivation of philosophy, and the conviction of the value of the experimental method, as well as the development of keener understanding and purer taste, greatly conduced.

On thus surveying the course of what may be called the philosophy of medicine, for the merely theoretical speculators on the nature of the essence of disease, and the contrivers of nosological systems, have had nothing whatever to do with advancing the science, and may be entirely left out of view in a retrospect of its practical progress, the great want

that is felt is the want of a second Hippocrates who should do for remedies what the first Hippocrates did for diseases. His vast mind grasping the almost boundless chaos of individually narrated cases, by patient investigation discovered their features of similarity; and reducing them to scientific order drew from the arranged facts, the principles by which the various series of phenomena were regulated, and thus was enabled to utter his aphoristic perennial truths regarding the course, duration, phases, occurrences, critical periods, and termination of different diseases. But though such a knowledge might make the physician respected for superior wisdom in detecting disease, in predicting its result, and in averting disturbing influences, it could hardly make him trusted as skilful in curing disorders. For this it was necessary that there should be a new accumulation of experience, not on the course of diseases merely, but also on the effects of remedies; it was necessary, perhaps, also that the world should be practically convinced of the futility of treating natural diseases on any other principles than those derived from the patient investigation of natural agencies on the animal economy;—of any system of cure built on speculations on the supposed causes of phenomena, and not based on the careful observation of phenomena themselves. It was necessary that for this end another mind of sufficient magnitude to grasp the innumerable facts that had gradually collected, bearing on the action of remedies, of sufficient penetration to recognize wherein those facts so various—so discrepant—agreed; and, moreover, endowed not only with the powers of scientific co-ordination, but with the high gift of genius, to discover the principle which permitted this co-ordination, should appear to introduce the second great era of medicine:—And when work is to be done, a workman is prepared to do it.

SAMUEL HAHNEMANN in 1796 announced his great discovery to the world, that there existed in all probability an universal law for the administration of remedies, and with this announcement he called forth a revolution in medicine, whose beginning is before our eyes, but whose final consequences no one is in a position to estimate. “The beginning holds in it the end, and all that leads thereto; as the acorn does the

oak and its fortunes. Thou there canst begin, the beginning is for thee and thine : but where, and of what sort, and for whom will the end be ?”

“ The negative results of the system alone, in limiting the lawless administration of drugs, have already become so manifest, that no one can deny the mighty influence it has exercised in simplifying medical experience, and in leading to a calm observation of Nature, and bringing back the so long vainly desired spirit of Hippocrates. Thus does the fore-shadow of great truth bring richer blessings with it, than all the combination of human sham-wisdom (*Scheinweisheit*) can ever effect, even as the sun-beam before it over-tops the mountain summit, fills the valley with more light and warmth than a thousand rush-lights.”

Our Author next expounds the system of Hahnemann, how he was led to frame it, and the peculiarities of its features, by a series of quotations from Hahnemann’s works ; and in doing this he goes over almost exactly the same ground as was taken in the article that appeared in the last number of this journal, on the origin and progress of Homœopathy. His conclusion is in the words of Hahnemann, and they are well worthy of being here repeated, as they represent his high conception of the art of medicine—a conception which he has in his own practice to a great extent realized, and which all who study his system may likewise to a greater or less extent fulfil.

1. The highest and only duty of the physician is to make the sick man sound, that is, to heal.

2. The highest conception of healing is, that it should be, quick, mild, permanent restoration to health, or removal and destruction of disease in its entire extent, by the shortest, surest, most harmless method, according to clearly perceived principles.

3. If the physician distinctly know what is to be cured in each particular case, if he also distinctly know what the healing power of each remedy is, and if he know from certain grounds so to adapt the healing power of the remedy to the disease of the patient—as well in relation to the fitness of the substance for the cure from its operation, as likewise in regard to the exact dose and the frequency of its repetition—if he

know, moreover, the obstacles to cure in each case, and how these are to be removed, so that recovery may be permanent, then does he understand fitly and rationally to treat diseases, and he is a true artist of healing.

“Most physicians,” observes our Author, (how true is the observation here!) “know absolutely nothing about homœopathy, except that it is manifest nonsense, unworthy of an earnest examination, and that its founder was a charlatan, because he ascribes an effect to doses which no sensible man can believe. Those among them who have had an opportunity of seeing the sick cured under homœopathic treatment, ascribe the cure to nature and diet. A few go a step beyond, and give a glance into some books which treat of homœopathy. But not one among them takes the pains to bestow earnest study on the writings of a man whose influence is more felt in medicine, than that of any other, and is forcing itself to be recognized by all, however unwilling they may be. Much less does any one prove his assertions by the touchstone of experiment. I have no hesitation in expressing my conviction that every physician who is in a position to judge of moral worth at all, and does not allow himself to be misled by extraneous considerations, after reading the lesser writings of HAHNEMANN, will feel himself forced to admit, that their Author is no less in deep earnest with his science, than with the welfare of his race, and that he knows clearly and soundly to do justice to the position of the one and to the requirements of the other. I rest upon the experience that wherever an earnest examination has been given, in youth or riper years, not only has it led to a secret conviction, but to an open acknowledgement, of the truth of the great discoveries of HAHNEMANN.”

“All who read them will find by his writings that Hahnemann not only knew but also possessed the quiet dignity of true science. Ten, twenty years long had he patiently, with renewed energy, to labour in the important matter of the application of medicine; not led in his investigation by mere opinions or inherited custom, but treading the path which, with God’s assistance, he believed he had discovered to the sanctuary of art.”

It is very characteristic of Hahnemann, that he has pub-

lished almost no histories of his cases. We may here mention an anecdote which illustrates his reason for not doing it. A physician in Vienna had long suffered most severely from rheumatic gout—he had employed all imaginable remedies in vain—had given up practice for a time, and gone to the country; but still there was no improvement. In absolute desperation he wrote his symptoms to Hahnemann. Hahnemann returned for answer a packet of powders, with directions how to take them. Improvement followed, and very soon, after the receipt of more powders, complete cure. The physician wrote to beg Hahnemann to tell him what had cured him. “No,” said Hahnemann, “read the *Materia Medica*, and you will find out for yourself.” He did so, and the result was, that he was so much struck with the pictures of disease, represented by the medicine, that he began to try for himself, and is now one of the most distinguished and successful homœopathic practitioners in Germany. But to give Hahnemann’s own words:

“The request of many of my half-converted friends, to give them specimens of my cures, is difficult to do, and of little use when done. Each case that is cured, only shews how that particular case should have been treated. The prosecution of the cure rests always on the same principles which are already known. In each case they cannot be well shewn in the concrete, nor can they, by the mention of a few cures, become more distinct, than by the exhibition of the principle. Every cure of unmiasmatic disease is individual and special, and the specialty which distinguishes it from every other case, is peculiar to itself, and cannot be a model for the treatment of other cases. If then, a complicated case, consisting of many morbid symptoms, be required to be so pragmatically represented that the reasons which led to the selections of the remedy be clearly exposed, the requisite minuteness would be wearisome alike to narrator and reader.

“To satisfy my friends, however, a few of the most trifling cases of homœopathic cure may be given.

“T. A—, a washer-woman, 40 years old, strong, had been three weeks disabled from earning her bread when she came to consult me on the 1st September 1815.

“1. On each movement, especially every time she stepped, and worst when she made a false step, she felt a stitch in the epigastrium, whence it goes to the left side.

“2. Perfectly well on lying down, then there is no pain either in the side or epigastrium.

“ 3. She cannot sleep after 3 o'clock in the morning.

“ 4. Appetite for food, but feels sick after eating.

“ 5. Flow of water into the mouth, and out of the mouth, as one affected with worms (*Würmer-be-Zeigen*.)

“ 6. Empty eructation after eating.

“ 7. She is of an irritable disposition, inclined to anger ; suffused by perspiration from the violence of the pain ; catamenia regular ; in other respects healthy.

“ In regard to the first symptom, belladonna, cinchonæ, rhus, have all stitches in the epigastrium, but not only during motion. Pulsatilla causes stitches in the epigastrium on making a false step, but it is a pure reaction (*wechselwirkend*). It causes neither the digestive disorders No. 4, compared with Nos. 5 and 6, nor the same kind of disposition.

“ Bryonia alone has all the symptoms.

“ Now, as the woman was very robust, consequently the derangement very considerable to withhold her from her work by the pain it occasioned, and her vital energies not impaired, I gave her the strongest homœopathic dose, a full drop of the extract, to be taken immediately, and told her to return in two days. I told my friend E., who was present, that before that time the woman would be perfectly well—a prediction my friend rather doubted. He appeared in two days to inquire the result, but the woman did not return at all. My impatient friend determined to discover her himself, and so went to the village, at the distance of a couple of miles, to find her out and inquire. He did so, and her answer was—‘ What should I do going in again ? The next day I was quite well, and at the washing-tub, and the day after I was perfectly well as I am now. I owe the Doctor a thousand thanks, but the like of us cannot spare time from work ; I had not been able to earn anything for three whole weeks by my illness.’

“ The discovery of a remedy in so simple a case as this is very easily made by one who has had a little practice, and has the symptoms partly in his memory, and knows where to find the rest ; but to expose all the indications and counter-indications in writing requires, as is seen, oppressive diffuseness.”

Our author then adverts to the subject of small doses, and observes,—

“ When one of our countrymen, on getting a small powder, exclaims—‘ And what good will this bit thing do ? ’ (*und das bisschen soll helfen*), I generally answer him—‘ If you lay ever so small a seed in the earth, and it is the *right* one, a large apple-tree will spring out of it ; it does not depend on its size,’ with an ‘ It’s very true,’ he puts the powder in his pocket, and comes back in eight or fourteen days : saying ‘ I could never have believed that such a trifle could have worked so powerfully.’ After all, the efficacy of small doses is a matter not of reasoning, but of experiment alone—experimentally it must be tried—according to the issue of the experiment it must stand or fall.”

We have thus attempted, very briefly, to sketch these admirable Lectures, and would warmly recommend them to the notice of our readers. The style of their composition is rich, masculine, and clear. They are written by a man who has thought through his subject before committing a line of it to paper. A translation of them would be a great boon to the British student.

Beobachtungen über den Nutzen und Gebrauch des Keilschen Magnet Elektrischen Rotation-Apparatus in Krankheiten,
 &c. Von J. E. WETZLER, &c. &c. &c.

Observations on the Utility and Mode of applying the Magnetic, Electric, and Rotatory Apparatus of Keil.

It is to be regretted, that the author of this very interesting work does not more intelligibly explain what the apparatus is, and how it is managed. The readers are supposed to be acquainted with the apparatus of Keil; and it is only his own modifications of this that Herr Wetzler describes. However, it is probable, that magnetic electricity, in whatever way procured, will be tolerably constant in its effects; and the cases detailed in Herr Wetzler's book, give great encouragement to investigate more accurately both its pathogenetic and therapeutic action.

We may give one or two cases to illustrate the efficacy of this agent.

The first we select is detailed at pp. 14, 15, and is as follows:—

“ The Rev. M——, a little above 40 years of age, of a robust frame, had suffered for six years from pain in his head and face. He was in other respects well. The pains began at the forehead, and extended over the temples to the cheeks and upper-jaw, where they were so violent as to compel the patient to lie down in bed, and keep perfectly still. At one time, they were worst on the right, at another, on the left side; but generally worst on the left. His exposure to wet, wind, and cold, in the discharge of his duties, generally brought on an attack. I magnetized him twice, and he left his place of sojourn (Kessingen) perfectly free from pain. I inquired, at the expiry of a year, whether he had remained free from pain, and received for answer, that for three months he

enjoyed perfect immunity ; but that after that, the pain returned. Eight days, indeed, was altogether too short a time to effect a radical cure. In his case, the second branch of the fifth pair of nerves was chiefly affected. Over this nerve he could not bear the weakest power of the apparatus, but I was obliged to transmit the current through my finger ; and when I placed the point of the finger on the spot, he felt as severe a pain as during an attack. Whenever I removed the finger, the pain instantly subsided. Here we have an example of the homœopathic *simile simili*."

At page 20 we find this curious case :—

"Madam E——, from Eisenach, suffered three years from gout, and then from typhus fever, which confined her to bed six months. Her recovery was slow. The previous summer she had employed the Ems baths. Her right arm was lame from rheumatism. She gradually recovered her strength, and the use of her arm likewise. The two last phalanges of the fore and middle fingers, however, still remained stiff, and bent inwards ; and when she tried to move them in laying hold of anything, the attempt made her whole hand shake. I was able to magnetize her only seven times. But even in this time there was considerable improvement—the trembling of the hand was almost gone, and the finger more flexible. On the following summer she returned to Kissingen, and shewed me with joy her finger, now straight and flexible—telling me, that, after her return home, her finger gradually recovered its flexibility, and the shaking of the hand entirely disappeared. So prolonged an effect I had, indeed, not expected !"

At page 34—

"Mr R., a book-keeper, a middle-aged man, became affected, two years and a half ago, with trembling of the right hand, and cramp of the middle finger and thumb, so that he got ill on with his writing. The arm felt heavy as lead, was colder than the other, and the trembling and cramp were so severe that he could not write his name distinctly. The trembling was worse in the morning, and after any exertion. When he wrote, the middle finger, as well as the thumb, were affected with cramp. After the first operation, he wrote more easily ; after the fourth, tolerably well, and improvement followed all the subsequent operations. For fourteen days he was magnetized daily, and then dismissed, as the sense of weight, and coldness of the arm, as well as the trembling and cramp, were all gone, so that the patient could write as well as when in perfect health. After the fourth day the patient took some exercise, to see whether it would recall the pain, but it had no such effect."

Again, at page 44,—

"Madame St —— (whose mother was deaf), thirty-four years of age, small in stature, and slight in frame, very sensitive to change of weather, for eight years married, but childless, began, fifteen years ago, to have difficulty in hearing. The consulted physician applied caustic behind the ears, and the ulcer thus produced continued to discharge for three

months without any benefit. Two years afterwards she was affected with chlorosis. Venesection proved very injurious to her. For several years she suffered from dyspepsia to such an extent, that she could not bear the slightest aliment. She was cured of this by a homœopathic physician, so that she was enabled to eat even the heaviest food, such as roasted goose, without any inconvenience. Deafness and painful noise in the ears, always worst at the menstrual period, and after exposure to cold, were her chief complaints. She also suffered from weakness of the eye, so that she could not read by candle-light. The deafness was not, indeed, very bad, but annoying, as it prevented her mixing in society, as she could not understand what was said. I began to magnetise her on the 18th of October, once every day. On the first day after the operation she heard somewhat better. By the 8th of November the ringing in the ears was gone; the menses occurred on the 10th of November, and with them aggravation, after that amelioration. Again, once or twice, after unusual exposure to cold, aggravation. In this state she remained, having lost all hope of further magnetizing doing her good. The weakness of sight was so far improved, that she could again read by candle-light. A scaly eruption (psoriasis) on the neck, about the size of a shilling, disappeared, after she had been magnetised three times."

Page 47,—

"Madame —, about thirty years old, had suffered for some years from toothache; her teeth had previously been much injured by acid medicine. For the last fortnight she had suffered almost nightly from toothache, which robbed her of all rest, accompanied by a flow of saliva which obliged her to spit every minute, and gave her even more pain and annoyance than the toothache. She had taken no medicine that could account for this. As all the prescriptions she had tried were ineffectual for removing the toothache, I proposed to try magnetising; for I had noticed, in the case of several children whose tongues I had magnetised, a kind of ptyalism, as also in some of the detailed cases (XV., XLIII., XLV.), and it occurred to me to try whether the affection might not be now cured upon the homœopathic principle *similis simili*. The patient came, and the first operation cured the salivation entirely, although the toothache remained for some time."

At page 78,—

"Madame —, of about thirty years of age, rather above the common height, of a tolerably robust frame, and rather a pallid countenance, had been twelve years married, and given birth to two living children, besides having twice miscarried. In the second year of her married life she was affected, by her own account, with chlorosis, and after that she became pregnant for the first time. Eight years ago, dysphagia occurred, which continually increased. After her first confinement, she was affected with a nervous disease, probably hysteria. This she was relieved of under the homœopathic treatment, and the use of tepid and cold baths. She then went to Kessingen, and her complaints entirely left her, with the excep-

tion of the dysphagia. Her appearance was expressive of her state of mind. Neither exercise nor society could remove the load from her spirits. Either her head was confused, or if this were well, she felt anxiety at the chest and heart. She was often suddenly seized with palpitation of the heart. Swallowing was very difficult; the impediment seemed to be a little above the middle of the œsophagus. She swallowed soup, vegetables, and soft puddings most easily, but even these in very small quantities; animal food she swallowed with great difficulty, even when cut very small, and if not so prepared, it was always vomited. Her pulse was normal, and the abdomen quite soft. The pancreas, which was easily felt through the soft and empty stomach, seemed to be enlarged. There was also increase of saliva in the mouth. Under the use of cold baths, the head symptoms improved, and as I considered the dysphagia to be a nervous affection, I hoped to be able to benefit it by means of my apparatus. The very first operation was of service, and she daily improved under its use, so that she could again take animal food without vomiting. She left the place in nine days in a wholly different condition than that in which she arrived. She was magnetised once every day.

We shall finish our extracts with a case of gouty headach, p. 51.

“A woman, of about 60, had suffered from 3 to 4 years from painful gouty affection in her head, which she ascribed to exposure to cold when her head was insufficiently covered, besides having a predisposition to gouty affections. For 4 days she had suffered from this headach, which entirely deprived her of sleep, and occupied especially the occiput and right temple. After the first operation, the pain entirely left; it recurred, in a very mitigated form, after 5 days. After this, I recommended the application of cold water to the head.”

We shall give, pretty fully, our author's concluding observations on the indications for the use of the Electro-Magnetic apparatus.

It has proved of use.

1st, In affections of the organs of sight; 2d, in the organs of hearing; 3d, in diseases of the sensific nerves; both when their sensibility is increased, and when it is diminished; 4th, in diseases of the motific nerves, both spasmodic and paralytic; 5th, in rheumatism, muscular and arthritic; as likewise in the lameness and weakness that follow rheumatism; 6th, in gouty affections, swellings, nodes, stiffenings, contractions, and weakness; 7th, in ulcers and abscesses, with or without pain; 8th, in simple weakness of the limb; in weakness and stiffness of the joints, the consequence of sprains and dislocations; 10th, when menstruation is insufficient or attended with spasmodic

pain; 11th, in ptyalism with toothache; and, 12th, in induration of the liver.

In all these forms of disease the magnetic electricity effected rapid improvement (with few exceptions, as in the case of deafness), and, in a comparatively short time, perfect cure. According to the experience of Dr Wetzler no good is to be expected from it, if no trace of benefit be derived after the 3d or 4th application. Its operation being so speedy, and its application so free of danger, the surgeon should always try its effect in cases of squinting, stuttering, and contraction of the limbs before he proceeds to use the knife. For, if unsuccessful, nothing but a little time, which in these cases is of no value, is lost; if successful, a painful, dangerous, and uncertain operation may be avoided. "How then," our author asks, "does it operate? On what principle?" Observation shews that it is equally useful in preternatural excitability as in paralytic torpor of the motory nerves, in weakness and stiffness of the limbs, in swellings, ptyalism (of a particular kind), and various other diseases. If the conductor be moved slowly along the skin of a person in health, a tingling (knistern) and slight pain are produced; if the conductor be allowed to remain for a little time upon one spot, when a high power of the apparatus is employed, the most violent pain is produced, as intolerable as the most agonizing neuralgia, and the muscles underneath are excited into convulsive movements or spasms. The moment the conductor is removed, the pain and spasms cease. If a conductor be held in each hand, the most violent contractions of the joints of the hand are produced, and, on the removal of the apparatus, a sense of torpor, which is soon followed by unusual lightness. Even the momentary action of the magnetic electric apparatus upon the brow, leaves a sense of tension or uncomfortable sensation, that remains some time after its removal; and by its application to the tongue, an increased secretion of saliva is excited, which sometimes attends its application to the face. The allopathic school will here recognize a stilling and exciting energy, a calmative, stimulant and irritant, combined with the power of at once increasing deposition and absorption; the homœopathic school, on the other hand, will explain its cura-

tive influence, in the principle "*Simile simili.*" The homœopathic smallness of dose, however, does not hold here universally good. It is true that neuralgias require and bear only the feeblest power of the instrument; but in spasms and paralysis the highest power is required. Pain is felt only at the point of contact with the conductor; it does not spread either up or down the nerve; in this respect it is unlike the galvanic action on the motatory nerves. For, if placed over one of these, it produces movement of the muscular fibres along the whole course of the ramifications of the nerve. The effect of the negative pole is the same in kind, in my opinion, as that of the positive—different in degree. I have healed affections of the nerves of motion and sensation, swellings, stiffness, &c., as well with the positive as the negative pole applied to the part. But the negative is much stronger, 30 or 40 per cent., perhaps, than the positive.

"The magnetised part becomes warmer and redder; and at the spot whereon the cylinder was held, turgescence and a red spot appear; the pain is burning like fire, and a blister would be produced if the person had resolution to endure the action. On the other hand, redness, heat, swelling, as in neuralgia of the face, acute rheumatism, sprains, &c., are removed by it. (On this the homœopaths lay much stress).

"I have never observed any effect on the pulse from the magnetic electricity, even in cases where I have exerted the highest power of the instrument for half an hour. Farther, in upwards of two hundred cases in which I have applied the apparatus, I have never in any (with the exception of two) observed a general effect to be produced upon the nervous centres—the brain and spinal cord. The exceptions were as follows:—A young woman—tight-laced—came to me to be magnetized on account of migrain. I employed the feeblest power of the instrument, and transmitted the current through my finger. In two minutes she fainted, but soon recovered, when some cold water was sprinkled on her face. The second was that of a gentleman of about fifty years of age, of a nervous-sanguineous temperament, who had suffered from hæmorrhoids and rheumatism. Two days before he was to leave Kissingen, he was attacked with rheumatism in the neck. I first magnetized him very gently, and then, as he said, he felt nothing. I increased the power. Suddenly he fell into a faint, and on coming to himself, told me that he always fainted at the sight of blood. He was cured of the rheumatism, however. Magnetic electricity is only available against local diseases, as its operation is confined to the place of its application; and a main point to be attended to is, that the application should be made as near the affected part as possible. If, for example, the muscle of the arm is

affected with rheumatism, it is not to be cured by exciting violent contraction of the whole limb by laying the conductor on the bend of the arm, but by passing the conductor gently over the affected muscle, and holding it fast there. Of course, in the cure of neuralgia, paralysis, &c., these must arise from no incurable disorganization, if any but transient benefit is to be derived from the application of the galvanism."

Magnetic electricity seems useful in cases of rheumatism, even when fever is present. Dr Wetzler details some cases in which there was severe pain, attended with high feverish pulse, and in these cases immediate temporary benefit was derived from the use of this instrument; and although the pain returned, yet it was never so severe as before the operation.

We may subjoin our author's directions in regard to the mode of the application of the instrument,—premising, at the same time, that there seems to us to be a constant ambiguity in respect of the pole to be employed, as well as uncertainty as to the place where the second conductor is to be applied, so as to secure the transmission of a current. This arises, perhaps, from our not sufficiently understanding the construction of the apparatus, which, although described, is not, we confess, very intelligible to us.

In affections of the organs of sight, such as amaurosis, the finger must generally be employed. The fore or middle finger must be passed over the eyebrows, both in the direction of the nose and temples, as well as placed on the eyelids, particularly at the internal canthus. As it is impossible to get at the optic nerve directly, we must try to affect it through the medium of the branches of the 5th and 7th pairs of nerves.

For deafness, the 5th and 7th pairs of nerves must likewise be magnetized, as it is impossible to affect the auditory nerve directly. Or one wire is placed on the external passage of the ear, and the other brought into contact with various parts about the ear, such as at the parotid gland, &c.

In hemicrania, the finger must often be employed as a conductor, and the hair of the affected part is to be parted and moistened. In neuralgic affections of the face, one wire is to be placed in the hand of the patient, and the other wire, in the finger of the operator, is to be brought into contact

with the affected part. In cases of toothache, the wire may be brought into contact with the affected tooth.

In paralysis of the muscles of the face, the conductor is passed along the muscles of the facial nerve, from the ear over the cheeks, and along the lower jaw to the mouth: the conductor must also be allowed to remain above the main branch of the nerves.

When there is stuttering, the muscles of the cheek, under lip, and lower jaw, must be stroked with the conductor.

In torpor and paralysis of the tongue, as well as in stuttering (from cramp of the tongue ?) the conductor must be placed on the middle and root of the tongue: the point of the tongue is much more sensitive.

In neuralgia of the extremities, the affected hand or foot is to be placed in water, and so magnetized. If the pain be driven to another part, it must be followed with the conductor.

There are various other directions given, but these seem sufficient, as generally indicating the method of its application; and our limits preventing us indulging in more detail, we must be satisfied by strongly recommending the book to all readers of German, as highly useful.

We cannot conclude our notice of this powerful remedy, without particularly adverting to the necessity of a more careful series of experiments upon its pathogenetic power. We observe with what certainty it was employed in one case of ptyalism, from our author having observed its power of exciting this symptom; and we have little doubt, that, if a more rigid examination into its specific actions on the economy were instituted, we might discover in it one of the most powerful agents for controlling some of our at present most baffling diseases, and thus remove it from its present position of an uncertain and embarrassing assistant to an obedient and trustworthy servant.

LAFITTE'S SYMPTOMATOLOGY.

Symptomatologie Homœopathique, ou Tableau Synoptique de toute la Matière Médicale Pure, à l'aide duquel se trouve immédiatement tout symptôme ou groupe de symptômes cherché.
Par P. J. Lafitte, M.D. Paris, 1843. Première Livraison.

HOMŒOPATHIC SYMPTOMATOLOGY, &c.

This is the first number of what promises to be an extremely useful work, and which the author intends to finish in six or seven similar parts. At present it is not our object to enter upon the merits of this treatise, but we desire simply to give an idea of the author's plan. The different repertories and homœopathic manuals, hitherto published, have rendered undoubted service to the practitioner, even to those most experienced in the *materia medica pura*. However, there is not a homœopathist who has not acknowledged the insufficiency of these works, which are at one time too brief a recapitulation of the pathogeneses of the medicines, and at another a too general table of symptoms detailed under these recapitulations. This double imperfection has the inconvenience of obliging the homœopathist either to search in many cases the whole *Materia Medica* in order to find the required group of symptoms; or, to save time, to content himself with one bearing a slight resemblance. Now, from the habit of being satisfied with these approximations has resulted, amongst many, a confined and routine practice, too often useless, and which has frequently tended to retard the progress of the system. The object of M. Lafitte's work is then to spare these long and often forbidding searches, and, by permitting the practitioner to find easily every symptom and group of special symptoms, thereby preserve him from a routine practice. Such facilities as this manual affords are much needed at the present time, when the desire to prescribe, not in accordance so much with the totality of the symptoms, as with the name of the disease, is a practice becoming far too general. The study of the *Materia Medica*, as presented in this manual, will also facilitate greatly the opportunities of discovering, among similar symptoms furnished by various remedies, those which are characteristic, and which call for the administration of the medicine.

The manual of M. Lafitte comprises the pathogeneses of 186 remedies, collected from the works of Hahnemann, Hering, Gross, Stapf, Noack, &c. The provings of Hahnemann are taken from the last German edition of his *Materia Medica*, which contains many hundred symptoms more than the first ; and M. Lafitte had also the good fortune to procure from Hahnemann his own copy, to which he had added many symptoms not hitherto published.

This work should be in the hands of every homœopathist ; and we hope with M. Lafitte that it may tend to spare many a fastidious search, lead to a more intimate acquaintance with the *Materia Medica*, and thereby afford the only true facility for the application of the homœopathic law.

MISCELLANEOUS NOTICES.

Case of Lady D —.

In the Medical Gazette of January 6th, an anonymous letter appeared, the object of which is to prove the fallacy of Homœopathy, as exemplified in the case of a noble lady lately deceased. The letter we give in full.

TO THE EDITOR OF THE MEDICAL GAZETTE.

Sir—I cannot resist calling your attention, as well as that of our profession generally, to a melancholy and fatal instance of the fallacy of Homœopathy, which has lately occurred in the upper circles. I send you the particulars, not only because they are of painful interest, but because I think the circulation of them may do more to check this fashionable quackery, than all the arguments which so *learned a science* has had arrayed against it ; it is surely too profound for the wise to comprehend, and can only be understood by those who allow their credulity very far to exceed their judgment. This affectation of depth makes the system more dangerous than a mere vulgar empiricism. Unfortunately for herself, the poor lady, to whose fate I allude, had great faith in the doctrine of Homœopathy. Her husband too was equally credulous as to the efficacy of the German theories of Hahnemann. Though in her confinement 18 months ago, she nearly lost her life by homœopathic treatment, her belief in it, strange to say, continued unshaken ; and on again becoming pregnant, recourse was had, as before, to the disciples of the infinitesimal system. This lady was of a very plethoric habit, and according to the accepted practice in such cases, should have been carefully watched by her

medical attendants during the whole period of gestation, and such means adopted as were likely to prevent any undue determination to the head during or preceding labour. Thus might have been prevented the probability of apoplexy or convulsions. But such treatment is against the treatment of Hahnemann and his disciples, and therefore could not have been followed by the homœopathic attendants on this unhappy lady. As the period of her expected confinement drew near she was seized with convulsions ; and as a matter of course, their fractional grains and their globules had no sort of power to check them. Some time was lost in these fruitless attempts, and we all know the great value of even an hour in such cases. By accident a medical man of some eminence was in the house, and was requested to see the case. He pronounced the lady to be suffering under puerperal convulsions, requiring from those in attendance the most active and energetic measures, and the assistance also of a skilful accoucheur to forward the delivery of the patient, which seemed to be urgent and necessary. No ; the homœopathic doctors spoke confidently, and the poor husband was not shaken in his faith of their skill and power. The infinitesimal remedies were alone used ; the convulsions, as a matter of certainty, ran their course unchecked, and apoplectic coma followed. [Here follows some remarks which are foreign to the subject, and which we omit.] A note was written by one of the family, speaking cheerfully of the opinions given by these gents. as manifested in their bulletin. In this state of unconsciousness, and by the assistance, I understand, of the medical practitioner before alluded to, the parent gave birth to a child, and sank.

These are facts, and the story is a melancholy one, much to be deplored. Although painful to all parties interested, it ought not to pass by unnoticed. I am sure you will say with me, that any of you, who had attended one course only of midwifery lectures, would have known every symptom in this case, and been able to determine on the necessary and (in all probability) successful treatment.

A story was circulated immediately after the event, that a fright occasioned the convulsions ; this caused a fear of the Coroner. The rumour was then changed, and a post-mortem examination was made.

REPORT.—Softening of the brain, a large tumour, and more water than usual in the ventricles. Your readers may wish to know who examined the head ? Dr Hahnemann's disciples ! These facts need no further comment ; they must be clearly understood, at least by every medical man.—I am, Sir, your obedient servant,

M. D.

We would now correct, first, the misstatements contained in this letter, and second, its illogical deductions.

First misstatement. "Though in her confinement, eighteen months ago, she nearly lost her life by homœopathic treatment." At the period alluded to, Lady D—— was not under homœopathic treatment, but was

attended by Mr Fincham, and the cause of her danger was a violent and most alarming hæmorrhage. (See *Mr Fincham's letter*, *Med. Gaz.* Feb. 10, p. 719).

Second misstatement. "The lady was of a very plethoric habit, and, according to the accepted practice in such cases, should have been carefully watched by her medical attendants during the whole period of gestation, and such means adopted as were likely to prevent any undue determination to the head during or preceding labour. Thus might have been prevented the probability of apoplexy or convulsions. But such treatment is against the principles of Hahnemann and his disciples, and, therefore, could not have been followed by the homœopathic attendants on this unhappy lady." The patient in question, far from being of a plethoric, was of an extremely relaxed habit of body, so that even such allopathic practice as M. D. refers to (we infer bleeding and aperients) would have been contraindicated. Or is it meant to be assumed that no attention is paid by the homœopathist to avert congestion in the head in those liable to such attacks? because he does not use allopathic remedies; is it, therefore, assumed that he employs no means whatever? If such is the belief, we must inform M. D. that every homœopathist can testify to the great success attending the employment of his remedies in such cases.

Third misstatement. "By accident, a medical man of some eminence was in the house, and was requested to see the case: he pronounced the lady to be suffering under puerperal convulsions, requiring from those in attendance the most active and energetic measures, and the assistance also of a skilful accoucheur, to forward the delivery of the patient," &c. The medical man was Mr Barnes, an accoucheur, who was present some time before the arrival of the homœopathic physician. Mr Barnes, before the arrival of Dr Dunsford, judged the abstraction of blood necessary; yet upon feeling the pulse, he deemed that such a course would have been almost immediately fatal.

Fourth misstatement. "Your readers may wish to know who examined the head? Dr Hahnemann's disciples!" In addition to Dr Dunsford, the head was examined by two allopathic practitioners. The appearances were as follows:—

COPY.—Appearances observed on examining the Head of the late Countess of Denbigh.

"Very little blood in the head. Dura mater rather congested, but without inflammation, and more adherent to the bone than usual. Great thickness and opacity at the back part of the longitudinal sinus, at its junction with the lateral sinuses. A small tumour, half an inch in diameter, and about a quarter of an inch thick.

"Base of the brain congested, particularly about the medulla oblongata, with a small quantity of fluid; the whole of the cerebellum softer than natural, with here and there a portion soft like paste. This state of

the brain was the result of disease of considerable standing, and could not be remedied by any particular treatment.

(Signed) G. FINCHAM,
HARRIS DUNSFORD, M.D.
A. B. BARNES.

" December 16, 1842."

The previous history of the patient, and the post-mortem examination, prove that the case was not one of ordinary puerperal convulsions ; and the boast of M. D., that a tyro in midwifery, with his lancet and purge, could have successfully treated the case, is an assertion contrary to the general results of medical practice.

But even admitting that the case was, as M. D. states, simply one of puerperal convulsions—to assume that death occurred in it because bleeding was not employed, is to assume the whole question at issue ; for M. D. is well aware that convulsions during the puerperal state is a most fatal disease, and it is for him to shew that, by the use of venesection, *recovery must have taken place* (a position he cannot maintain if he admit the truth of hospital reports), before he has a right to say that it was from omitting to employ these measures that death occurred. And if this position be relinquished, the whole question turns on the comparative success of the homœopathic and allopathic methods of treatment in diseases of a similar nature, and by such an examination we are willing to abide.

COMMUNICATION BY DR FR. SEGIN, OF HEIDELBERG, ON ANACARDIUM IN LOSS OF VOLITION, AND CONSEQUENT PALSY.

Madame M., 70 years of age, of a slender make of body, whose two children, a son and a daughter, both of an age between 30 and 40, died in a madhouse, was afflicted with ulcers on the feet, and frequently with such violent attacks of vertigo, that she fell unexpectedly from her seat. The drying up of the ulcers appears to have had no immediate influence on the origin of the vertigo, for it frequently came on, while the ulcers discharged copiously, and it often did not appear when they were dry or fully healed. In May 1840, the patient had an attack which I had not an opportunity of observing, being then absent on a journey. This was declared to be apoplexy by her former physician, and treated accordingly in the allopathic manner. After this the patient recovered by slow degrees after a length of time, and on my return I found her still very feeble.

On the 23d March 1841, I was called in haste to Madame M. For several days past they had observed a striking falling off in her memory, and early that morning there followed an imperfect palsy of the muscles subject to the will. Whilst drinking coffee, the cup fell out of her hand, the coffee ran out of her mouth, and she only swallowed the liquid,

when the spoon was put in her mouth, and allowed to remain, her head fell upon her breast, so that she could only hold it up with difficulty. The features of her face were disfigured, her look wild, and her physiognomy childish, without expression. She did not know those around her, was unable to speak, and made only unintelligible sounds. She stood up from the sofa with difficulty when induced to do so ; but when she was urged to move forward, she did not move a foot from the place, but sunk back on the sofa, smiling in the most childish manner. The respiration was free, the temperature of the body rather cold than warm, the pulse slow, moderately full, and counting 60 beats in the minute.

From these symptoms I concluded that I had to deal with a palsy which did not proceed from the spinal marrow, but arose from the prostration of the will. She forgot to swallow the coffee, till put in mind to swallow it by putting some into her mouth with a spoon. She arose from the sofa when they impelled her, but without making any further attempt at locomotion. Indeed the ability to move might be wanting here as much as the will to induce her to do so ; but the observation of the swallowing induced me to suppose it was the latter.

I prescribed on account of her having just taken coffee, some doses of *Spiritus nitrico-aethereus*, 10 drops each, which, after two hours, produced no change. I then gave every hour

Anacardii occidentalis, gutt. 1.
dil. prim.

and ordered at the same time,

Anacardii occ., gutt. 20.
dil. prim.

Ag. font., gutt. 100.

M. S. To be used by smelling.

After five hours, during which time the patient lay as if asleep and perspired profusely, she awoke as if out of a dream ; she knew nothing that had occurred, desired to have her coffee, which she carried to her mouth without much difficulty. By the continued use of *anacardium*, the patient recovered perfectly after a few days, although this attack (I was assured by her relations) was far more violent than that in the year 1840.

A slight indication of an attack shewed itself last December, but it was cut short by the use of *anacardium*.

WOLFGANG MENZEL'S VIEWS OF THE PRESENT MEDICAL CONTROVERSY.

“The celebrated physician, *Hahnemann*, returned to the system of *Paracelsus*, somewhat modified, and taught that cures must be effected, not by something different or opposite (*allopathic*), but by something akin, similar (*homœopathic*) ; that diseases must be removed by a remedy, which, in the sound state of the body, would have produced a similar disease ; and that medicines should always be given simple, and not in great quantities. He has brought about an astonishing revolution in me-

dicine. We now stand in the same position towards the physicians as in the time of the Reformation towards the priests. These innovations in religion were opposed to the priestly hierarchy, and had to appeal to sound common sense, as well as to the interest of the laity in order to gain their support and to conquer with them. Innovators in medicine are now opposed to the hierarchy of doctors, and they, too, appeal to the sound common sense and interest of the laity for support and protection to the good cause. Is our understanding less qualified to try the medical controversy than formerly the theological? We shall see. Are we less interested in it? Surely not. Every blow which the medical parties strike each other, falls back at last upon us, the patients; and every thing good which they discover turns finally to our advantage. Methinks this gives us a very good right to inform ourselves upon the principles according to which physicians treat us; it might sometimes be useful to remind them that they are made for the sick, not the sick for them, for it has often really seemed as if physicians imagined the latter. If nations have maintained their interests against the priestly power—if they have secured themselves against secular despotism by means of constitutions and by the freedom of the press,—why, in the name of common sense, should physicians enjoy the privilege of slaughtering us, without being called to account for it. The homœopathists take their stand as reformers, and declare to us that physicians, with their hitherto prevailing allopathic method, have levied contributions upon us without having helped us, just as the priests did with the sale of indulgences. They propose to us an extremely simple and universally intelligible medical theory, are angry at, and complain of, the blind rage of the predominant medical caste, which proclaims them heretics, and turn to us, the people, for protection. At the same time a multitude of laymen come forward, who set themselves up for champions of Homœopathy, in like manner as Hutten and Siekengen set themselves up for champions of Lutheranism, because they consider themselves happy in having been speedily healed by means of homœopathic remedies of inveterate diseases, and hence hold it to be their most sacred duty to make all their suffering contemporaries participators of the like bliss. These are the facts. Should we, the laity, not give a hearing to such urgent demands? What would have become of the Reformation, had the laity not taken part in it, had they been frightened into thinking that theological controversies extended beyond their horizon, and must be left to theologians alone? In that case LUTHER would have been burnt at the stake. The interference of the laity is not accidental here, it belongs essentially to the subject. The whole homœopathic system rests upon the principle that the patient knows as well as the physician that certain definite remedies for certain definite diseases may be pre-established, which, in the infallibility of the theory of Hahnemann, may as well be known to the patient as to the physician himself. Nothing is left to the caprice of the physician. (In a word, instead of being dependant upon blind chance, that there is an infallible law, guided by which, the physician *must* select proper remedies.)

MEDICAL INTELLIGENCE.

The Medical Section of the *Congrès Scientifique*, held at Strasburg, from the 28th September to the 10th October 1842.

In the first sitting, Professor FORGET of Strasburg was elected President; Professors TEXTER of Würzburg, EHLMANN of Strasburg, and MAYOR of Lausanne, Vice-Presidents; Drs STOEBER and LOURDES, Joint Secretaries. There were present ten medical men of the homœopathie school.

The following are some of the subjects brought before the meeting having a physiologico-pathological tendency.

Von Ammon, of Dresden, made some remarks upon the development of the eye, especially in reference to those monstrosities which proceed from arrest of formation, producing coloboma, absence of iris, &c.

Texter spoke upon tubercular depositions in the heart, five instances only of which he had seen, and this in scrofulous individuals.

In the third sitting, the following question was debated:—What influence will the recent observations and experiments on the blood have in reference to pathology and therapeutics?

Dr Vleminks of Brussels spoke of the means to be used to prevent the spread of syphilis.

Dr Falk, veterinary-surgeon, of Rudolstadt, wished that veterinary students could prosecute their studies in connection with a medical faculty.

Dr Armsohn mentioned a case of diabetes mellites cured by frequent vapour baths.

In the fifth sitting, Dr Stolz read a paper on the question, *Does there exist a true hydrops uteri?* which he answered in the negative; in this opinion he was borne out by Naegeb of Heidelberg.

In an extraordinary sitting on the 3d October, in the evening, when Apothecary Heidenreich read a critical essay upon the French Codex Medicam., shewing numerous blunders and omissions therein, which called for reform.

The next subject of discussion was the following:—*On what principles can a new classification of medicaments be formed?* Professor Forget said, that these were only to be divided into three different categories. The classification might be made, 1st, on a physiological; 2d, on a pathological; or, 3d, on a chemical natural historical basis. That the physiological basis was that whereby remedies were divided into emollientia, tonica, stimulantia, revulsiva, alterantia, vomitiva, purgantia, &c. The pathological category of Materia Medica was the so-called “anti” (anti-rheumatica, anti-periodica, anti-spasmodica, &c.) That this was “the most pitiful, the most absurd of all; that it led to the most abominable empiricism, and had not a single spark of science.” The physiological was almost as unscientific;—vomitiva, purgantia, emollientia, rubefacien-

tia, were well enough ; but alterantia, stimulantia, tonica, &c. were perfectly erroneous divisions, *words* to which no scientific meaning could be attached. By means of the so-termed irritants, astringents, stimulants, it frequently happened that chronic and even subacute inflammations were cured in a most remarkable manner ; must not these remedies therefore be reckoned among the sedatives and antiphlogistics ? The chemical natural historical category was that which, in the present condition of therapeutics and materia medica, seemed to possess fewest faults. But unfortunately it stood in need of a therapeutic guide ; at present it possessed no defined boundaries, and was scarcely available for academical lectures. To be sure, it was practicable to join the physiological to the chemico-natural-historical. But as yet we were not sufficiently acquainted with the particular action of medicines on the healthy and diseased body, to enable us to form a scientific system. These are the chief points on which Dr Forget touched. This exposition gave great satisfaction to the homœopathists who were present ; he confirmed what, fifty years ago, Hahnemann and Bichat had said. *It has now come to this length, that a respectable assembly of physicians from all parts of Europe not only make no opposition to such expressions, but actually receive them with applause.*

Dr Jänger of Colmar agreed with Dr Forget ; he was of opinion that something might be done, viz. *to ascertain the mode of action of a medicament by experiments with it on the healthy body.* Certain organs and organic systems were affected in a peculiar manner, and excited to certain degrees of activity by the action of particular agents. It was of importance to study and investigate these modes of action. But, in order that their pharmaco-dynamic actions might be available for therapeutic purposes, some fixed rules and principles must be laid down for administering medicaments in diseases. These had yet to be discovered, and attention must be particularly directed to varieties of temperament, of idiosyncrasy, of nation, of sex, of age, &c. This was certainly a work of great difficulty, but a great deal might be done were medical men all actuated by *one* spirit, and entered heart and soul into the investigation.

Dr Türk of Plombières expressed almost the same sentiments as Dr Jänger, and remarked, that accident and popular remedies had taught us as much, if not more, than the so-called rational-scientific lucubrations of the learned.

Dr Mayor of Lausanne said, that he once met Tommasini, and that this venerable and experienced physician, in reply to several young medical men who entreated him to publish his long-promised work on therapeutics, made use of the following remarkable words :—" I must tell you, gentleman, that the older I get, the more I discover how little we know, —that my positive therapeutic knowledge is very limited, and I have determined to leave my work on therapeutics unwritten, because, I must confess, that the number of medicines is very small of which I know any thing positive." Peter Frank confessed openly, towards the end of his career,

that when he was young he had twenty remedies for one disease, but that now he had scarcely one remedy for twenty diseases.

In the assembly on the 5th of October, Phrenology was discussed. Dr Textor doubted the existence of the disease hydrophobia, as commonly described. Dr Bertini of Turin read an essay on the different systems of medicine that have prevailed in Italy since the commencement of the present century.

In the meeting on the 6th of October, a discussion took place on the following question:—Can experiments with remedies performed on healthy persons, furnish a scale by which to measure their effects in cases of disease?

Dr Türk, in a rambling discourse, alluded to experiments to be made on healthy individuals, and said that thereby we might be made acquainted with the mode of action of remedial agents, and their relation to different organs. Then Dr Rapou junior, rose, and with as much talent as modesty spoke of the necessity (*urgence*) of such experiments, that certainly every thing could not be expected from them, because it would be difficult to find persons who would subject themselves to such experiments, so that great attention should be paid to histories of cases of poisoning, and experiments on animals; it still remained, however, to be determined, what rules should be observed in conducting such experiments; and then, after a considerable number of observations had been made in this field, there still remained to be discovered a principle to guide us in the employment of our medicines. In order to obtain this it would be necessary to mark which organ of the body our medicine particularly acted. No physician thinks at present of giving cantharides or turpentine in diseases of the urinary organs; every one knows that these substances act particularly on the uropoetic apparatus; therefore in diseases of this apparatus they would be tried and proved. At present no one is ignorant of the special action of nux vomica on the spinal cord, of mercury on the liver, glandular system, and genitals. A hundred other examples might be adduced. It remains, however, to be ascertained, what are the special conditions of these organs, in which this or that medicine is available; whether the laws of contraria or of similia are to be followed. After he had descended from the tribune amidst a "murmure d'approbation," Dr Pascal observed, "Mais je ne conçois pas, d'après ce système comment l'émétique guérit les pneumonies, puisqu'il exerce une action spéciale ou spécifique sur l'estomac et les voies digestives, et non sur les poumons!" (An example of the profound learning and acuteness of intellect of many of the French military surgeons!) Rapou immediately replied, "Monsieurs, je vous renvoie au Tome XV. du Dictionnaire de Médecine, par Bouillaud, article Tartre Stibié; vous y verrez que M. Bouillaud cite un cas d'empoisonnement par l'émétique, remarquable par tous les symptômes d'une pneumonie." Dr Pascal started, and exclaimed with astonishment, "*Eh! mais ce serait de l'Homœopathie!*"

"Eh bien ! oui, quand ce serait de l'Homéopathie ! qu'y aurait-il d'étonnant ?" retorted Rapou.

The President now rose and resumed the discussion in the following terms :—"The third section (the medical) are unanimously of opinion, that experiments with medicines on healthy individuals are, in the present state of medical science, of urgent necessity (urgence) for physiology and therapeutics, and that it is desirable that all known facts should be methodically and scrupulously collected, and with prudence, cautiousness, and scientific exactness, arranged, written out, and published."

Another question of great importance to us was now proposed, viz. : *To decide where arsenic is indicated.* Dr Roux of Marseilles handed to the President a letter from Dr Boudin of Marseilles, the author of a book on Intermittent Fever, and its cure by means of Arsenic. In this letter Dr Boudin related the successful results he had experienced from this treatment. He has, however, increased the dose, and gives now two milligrammes ($\frac{1}{2}$ th grain) daily. Dr Roux remarked that Foderé had tried arsenic in 1801-1802 ; but he had had several unsuccessful cases in consequence of having given the medicine in $\frac{1}{4}$ th to $\frac{1}{8}$ th grain daily. Such accidents happened that at last the employment of arsenic was forbidden by the authorities. Boudin commenced with $\frac{1}{100}$ th- $\frac{1}{80}$ th grain, and had the greatest success. Roux further related that a prosopalgia, which had resisted all antispasmodics, and even frequent administrations of sulphate of quina, was cured radically by two doses (2 milligrammes) of arsenic.

Dr Stocbeo had found arsenic useful in several cases of fever.

Dr Rapou remarked, that at Rome, where intermittent fever was so common, arsenic was of no use, while quinine was of the greatest service. At Palermo, on the contrary, most quartans yielded only to arsenic ; as a general rule it might be said that quotidians and tertians would be more readily cured by quinine. It was not, however, the type alone which decided the question ; there were many other symptoms which indicated the employment of arsenic or quinine. It was the duty of the physician to ascertain these indications, for to employ indifferently arsenic or quinine was rank empiricism.

In reply to the observation of President Forget, "that arsenic might serve as a good succedaneum to the preparations of quina, but that the latter was incontestibly superior," Dr Kirschleger opposed this and said, Arsenic cannot be a succedaneum to quina ; there are no succedanea ; it is an obsolete word ; but arsenic is a remedy which cures certain intermittents with much greater certainty and expedition than quina, and quina is efficacious as a remedy in other intermittents which are characterized by certain symptoms. Dr Jänger administered arsenic in a case of fever which had had eight relapses after the sulphate of quina, and cured it radically. Dr Rapou remarked that arsenic was of service in intermittent fevers, occurring in a rheumatic or arthritic diathesis.

The meeting agreed to the motion of Dr Jänger, which ran thus : To

describe more particularly the cases of intermittent fever which demand the employment of arsenic, or of the preparations of quina.

A discussion on the virtues of mineral waters next ensued. Thereafter Dr Jänger read an essay on the means whereby a better and more practical form might be given to physiological, pathological, and therapeutical studies.

In the meeting of the 9th October, Dr Scherer of Constance spoke of some remedies against amaurosis. He considered pulsatilla as specific. He employed the extract prepared from the juice in doses of from 1 to 8 grains. Against varicose bloodvessels or passive injection of the conjunctiva he used successfully extract of arnica.

HOMŒOPATHY IN SPAIN. Communicated by MANUEL ROLAND, M. D., of Madrid, to Dr Molin, of Paris.

The discovery of the celebrated Hahnemann had barely attracted the attention of a few physicians in Spain, who had either read the foreign Journals of Medicine, pursued their medical studies in France, or travelled in other countries, when a physician—*Lopez Pinciano*—a medical graduate of the University of Montpellier, appeared at Madrid in 1836. This ambitious homœopathist, inspired with a rightful zeal to propagate the truths of Hahnemann's doctrine, translated into Spanish and published the *Letter of Doctor and Count des Guidi to the French physicians*; afterwards successively, *Exposition of the Homœopathic doctrine or Organon of Hahnemann*, his *Materia Medica Pura*, the *Homœopathic Pharmacopœia of Dr Hartmann*, *Homœopathic Hygiene of Dr Bigel*, *Repertory of Homœopathic Medicine by Dr Haas*, the *Homœopathic Medical Doctrine, considered in its theoretical and practical relations, by Dr Gueyrard*; and finally, the *Manual of Homœopathy, by G. H. G. Jahr, M. D.* This was a most important service rendered to Spanish medicine, which would have been doubly enhanced in more pacific times. Indeed, the voice of the new doctrine would have been echoed at every corner of the Peninsula, if the interrupted communication between the capital and the greater portion of the provinces, which were occupied by the factious, and ruined by a most terrible civil war, had not been the first and most prominent obstacle which impeded its progress.

Besides, the physicians, impoverished as to the means of living, in consequence of the wretchedness of the people, who were obliged to support two belligerent armies, and therefore could not pay their fees, found it impossible to purchase the works necessary for a requisite investigation of this subject.

The physicians, also, persecuted by the turbulent, because of their acknowledged adhesion to Queen Isabella II. and their attachment to the representative government, lived as wanderers and were constrained to

fly to the capitals of their provinces, which were fortified, offering them an asylum where they could scarcely pursue a pitiful and constantly menaced existence.

Poor, and deprived of the quietude and comfort necessary to the appropriate study and meditation of an entirely new doctrine, which threatens to raze the temple of Æsculapius to its foundations, they were inevitably debarred the attempt. Another circumstance which essentially contributed to arrest the adoption of the new doctrine, was its avowal and introduction by a physician absolutely unknown in the country, so young in years and limited as to experience ; and although he united ample information to remarkable talents, these claims alone were not sufficient inducements to the small number of physicians who had derived a knowledge of such an innovation, to persuade them to declare in its favour ; because, timid and circumspect from national characteristics, and disabused by a sad experience, they could never admit a reform of this kind without a previous and profound examination, and without having observed the confirmation of theoretical views, by unquestionable experience. It was not extraordinary, then, that the Homœopathic doctrine, offering so many and such reasonable motives of doubt, did not immediately convert a large number of advocates. Its progress would have been, most assuredly, more rapid, if the publication of the works already enumerated had been accompanied by an array of facts ; for facts, more than aught else, can dissipate our doubts and bring conviction to our minds.

Occasionally these publications would awaken the curiosity of some of the studious professors, who desired to keep pace with the current progress of science. It is worthy of remark that the greater part of those who subscribed to these works were physicians who, having grown grey in the practice of ordinary medicine, had perceived the immense deficiency of the *Materia Medica* which, abandoned for so many ages, while other branches of medicine less necessary to the perfection of the physician, were cultivated with remarkable diligence, only offered to them, in a great number of cases, but bitter motives of regret and abuse.

Convinced, by the perusal of these works, of the advantages of the new avenue which was opened to their studies, and of the great utility of such a discovery to humanity, they did not hesitate to make trials of the practice ; and their immediate efforts were directed to the procurement of necessary remedies, prepared according to the rules imposed by the founder.

Pinciano immediately responded to their wishes, by having an assortment of remedies accurately prepared ; but, unfortunately, the pharmacy from whence they were dispensed was not possessed of the best reputation at this time, a circumstance that engendered much opposition, and aided to arrest the propagation of the system.

Afterwards, several physicians commenced their homœopathic clinical observations ; and Dr Bertrand published in the *Bulletin de Médecine, Chirurgie et Pharmacie*, some very singular cases of cures obtained by

the new method ; but these cases, although generally received with kindness by most of his colleagues, were repelled with dignified sternness by one of the distinguished physicians, and the tone of this rejoinder had a strong influence in controlling a further public expression of Dr Bertrand's experiments, although they were continually essayed with unpretending and private perseverance.

Pinciano, who was quite disappointed in the distribution of the translations, and medicines he had so industriously prepared, commenced the publication of a journal, under the title of *Moniteur Medico-Chirurgical*, which was exclusively designed for the propagation of the new doctrine. But obstacles were interposed here, that very materially thwarted this courageous undertaking.

It is a very common error of those who publish any new discovery, that they wish to convince mankind by mere words and harsh expressions, instead of reporting facts ; without reflecting that truth possesses an inherent power sufficient to enforce its adoption in behalf of those who present it plainly, expose it modestly, and manifest in its exposition an intimate conviction of the subject they would propagate. Unfortunately, in every country, and in every class of society, there are men who, without being convinced of that which they publish, aim to abuse the credulity of others, and consequently do more wrong to the object of their speculation, than its most virulent opponents. This is the predicament of the new doctrine in Spain.

The physicians have suspected its propagators of views less noble than the good of humanity, or the progress of science, and that circumstance has unjustly educed a contempt for the Homœopathic doctrine, to the extent of restricting conversation on the subject ; and when those who have embraced and practised it are satisfied with their choice, they continue their observations privately, fearing to converse openly, or even to name it, before their colleagues in mutual conferences. Such is the extremity to which error of opinion, and the delicate social position of the Professors of the art of healing, frequently lead.

The paucity of medical journals in Spain, from the causes already mentioned, will not permit me to enumerate the robed Professors, who are arranged under the *drapeau of Homœopathia* ; and I have the best evidence for knowing that numerous and genuine Homœopaths are scattered over most of the provinces of the kingdom ; and that most of those who have declared in its favour, practise it in good faith and honest conviction, independent of the passion of novelty or ambition,—a fault extremely rare among the native inhabitants, especially those who have completed their studies at home ; further, that the sceptical do not at least treat it with contempt, or participate in the scandalous opposition that the system has contended with among other nations. It is sufficient to state, also, that the very druggists themselves, whose interests would be especially jeopardized by its successful propagation, are not at present

offering opposition ; on the contrary, I am indebted to one of the most prominent and best educated druggists, who had the politeness to procure for me my first remedies, medicines prepared with the most scrupulous care, and exotics, the acquisition of which would have been otherwise impossible. I cannot avoid offering this tribute of justice to the good sense and loyalty of the Spanish Professors, as little known as they are unjustly condemned by people who have never had an opportunity of visiting them.

There are several Homœopathic pharmacies in the provinces, and one in particular at Madrid, where the Homœopathic medicaments are now prepared by one of the most distinguished pharmacutists, who, convinced of the superiority of this method in some of the diseases of infancy, after having proved it on two of his own children, has decided to contribute to its progress.

I am acquainted with Homœopathists who commenced the study of the doctrines of Hahnemann late in life, after thirty or more years of excellent and reputable practice, and devoted themselves with untiring zeal not only to the study of medicines, but also to their preparation, that they might acquire a final judgment, founded solely on the result of their experience.

The ties of friendship and respect that attach me to the celebrated doctor of medicine, Joseph Sebastian Coll, urge upon me the duty of signalizing him as the most ardent follower of Hahnemann, and accomplished homœopathist in Spain. The continual correspondence I have preserved with him has convinced me that he deserves a place in the foremost ranks of the European homœopathists. The industrious Professor, enjoying a remarkable reputation, justly acquired, and possessed of ample fortune, commenced at the age of sixty to study the new doctrine ; and when he considered himself fit to practise it, established a section of homœopathic clinical practice in the Civil Hospital of the city of Tovo (Old Castile), of which he was honorary physician, and where he reaped many laurels in curing numerous invalids, who were admitted upon an indispensable condition, *that they were declared to be incurable by the other Professors of the Hospital, and whom he would not allow to be dismissed from the establishment until they were again reviewed by those Professors, and declared to be veritably cured by their own certificate.* The whole was placed on the register of the Hospital, a precaution which alone completed his triumph over his rivals, who, by execrable injustice, endeavoured to entangle him in a snare.

He also founded at his own expense, and without regard to cost, a very complete Homœopathic Pharmacy ; and, by his eloquence, knowledge, and philanthropy, convinced many of his colleagues of the advantages of the new method, especially the surgeons, who were astonished at the miraculous effects of *Arnica* for the consequences of falls, blows, contusions, dislocations, and wounds. Beside, he published in the *Bulletin de Medicine, Chirurgie, et Pharmacie de Madrid*, some observations

that were digested with all the laconism and precision that distinguish the true Hippocratic physician, observations that arrested the attention of his most distinguished colleagues. He at the same time visited the Institution for Medical Instruction, to enter into a discussion on the subject, and requested the favour of their directors to pass judgment on the issue.

He had the courage, also, to open a course of instruction in the same city of Tovo, where, in like manner as Dr Leon-Simon had done, he gave a public course of lectures on the theory and practice of Homœopathia, the homœopathic section of the Hospital already alluded to furnishing his clinique. The collection of a large number of students at the new school, principally from among the students of Valladolid, excited some difference of feeling among the Professors. The students, convinced of the truth and advantages of the curative method of Hahnemann, requested the Professors of the University to explain this doctrine to them as a most useful progress to science; but encountering resistance to their demand, they carried their complaints to the Rector, who did not repel their just request, and invited Dr Coll to present himself before the council of the University, to make an exposition of homœopathy, and to respond to the objections which the Professors of Medicine might urge. In reply, Dr Coll was on his route for Valladolid on the ensuing day; but when he presented himself at the University, it was announced to him on the part of the Faculty, that the controversy was to be secret, to be confined to the bosom of the Academy of Medicine and Surgery; dissatisfied with such a condition, he answered that he would not consent to the controversy unless it could be held in public, since it was his wish that the triumph of the victor should be more complete and better known.

As his adversaries refused to comply with a proposition so just, they were placed in a disadvantageous position, and one of them distributed a hand-bill, anonymously, in which he made charges as indecent as they were false, in reference to the challenge. Dr Coll answered the anonymous publication triumphantly, and so far was he from wishing to avoid the discussion, that he transferred his abode to Valladolid, where he proposed to establish a special and public chair of Homœopathia.

Such is the actual condition of Homœopathia in Spain. Beyond a doubt, the number of those who have avowed their adhesion is yet small; and as yet the schools of medicine have thus far avoided giving an opinion, notwithstanding the invitation of Dr Coll. At first glance this would appear extraordinary, were it not known that the worthy Professors who conduct these schools, and hold a slippery footing with the public, are obliged to proceed with circumspection, lest they commit a blunder that should be fatal to their standing.

I know that some of the Professors of the College of *Saint Charles de Madrid*, have studied Homœopathia, and notice it to their students as one of the branches of science they ought to acquire.

There is too much good sense and information among the Spaniards, to allow them to reject whatever they may not profoundly comprehend ; the judgment given by the Superior Council of Medicine in answer to a prayer addressed to it by the municipal council of one of the capitals of the province, that a homœopathic physician should be denied the privilege of a practice, is a proof: "EACH PHYSICIAN," replied this body, "AUTHORIZED BY THE TITLE OF DOCTOR, IS EXPECTED TO HEAL THE SICK WHO ENTRUST THEMSELVES TO HIS CARE, BY SUCH MEANS AS SCIENCE AND HIS CONSCIENCE INDICATE TO HIM AS THE MOST PROMPT, MILD, AND CERTAIN."

This decree of the "Superior Council of Medicine" of Spain, concerning the legal virtue of a license, is worthy the attention of the members of our British colleges, who would be desirous to destroy the professional rights of the medical men of the new school. In addition to the information afforded by Dr Roland, we are happy to state, that since the period he wrote (1840), the system has progressed rapidly. Dr Irvine writes us from Paris,—“On my last visit to Hahnemann (Feb. 1843), he shewed me an address he had received from the principal homœopathists in Spain. It was only introduced into that country in 1835, but has made a rapid and steady progress. Curious to relate, the first convert was an old physician who embraced it with zeal and thankfulness ; and what is still more singular, the Academy of Medicine in Seville, unlike any other medical corporation of Europe, have fostered the new doctrine, caused Hahnemann's works to be translated at their expense, and extended their patronage to the Homœopathic Journal which has recently been established in Spain.”

Homœopathy in Florence.—The system has been greatly advanced in Florence by a remarkable cure lately made. An aged medical professor (Lazzarini) in the University there, was attacked by gangrene in one leg, and which was spreading up the limb in spite of all that his colleagues in attendance could do to stop it ; they therefore declared the case hopeless, and he was himself of the same opinion, but sent as a last resource to Rome for a friend of his (Dr Severini), who had embraced the doctrines of Hahnemann,—under his treatment he was perfectly cured. This has, of course, caused a great sensation in Florence, and won many adherents to the cause.

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HOMŒOPATHY.

INTRODUCTION TO THE PROVING OF ARSENIC.

By SAMUEL HAHNEMANN.

Overwhelming recollections arrest my mind at the mention of Arsenic.

When He, the All-bountiful, created iron, He left to the free choice of the children of men to fashion it either into the deadly dagger, or the peaceful ploughshare ; to slay or to support their race. Ah, how much happier for them did they employ all His gifts for good ! So would they fulfil His will and the end of their being. We cannot charge an all-loving Providence with the crimes that men have committed in having abused the administration of terribly powerful drugs, by giving them in enormous doses, and in improper cases, confiding in some frivolous conceit or miserable authority, without having any proving or grounds of choice.

No sooner does a careful prover of the action of medicines appear, than all are in commotion against him as an enemy of their ease ; and they do not shrink from meeting him with the most unblushing calumnies !

The ordinary system of medicine administers, *frequently and in large doses*, the strongest of drugs, such as arsenic, nitrate of silver, corrosive sublimate, wolf's-bane, deadly nightshade, iodine, foxglove, opium, henbane, &c. Stronger substances Homœopathy cannot employ, for none are stronger. When physicians of the prevailing school employ them, they evidently vie with each other who shall prescribe the largest doses, and boast of the monstrous quantities they have administered. For this they receive the approbation and applause of their

brethren. Let Homœopathy, however, make use of the same substances, not at random, as in the ordinary practice, but, after careful investigation, in those cases only for which they are exactly suited and in the smallest possible quantities, and it is immediately charged with poisoning ! How partial, how unjust, how calumnious is this, in those who pass for honest and upright men !

Does Homœopathy now enter into a fuller explanation ? Does it condemn (as from conviction it must) the monstrous doses administered in the prevailing practice, and does it contend that infinitely smaller quantities should be given—that, where the ordinary physician prescribes a tenth, a half, a whole grain, and upwards, a quadrillionth, a sextillionth, a decillionth of a grain is perfectly sufficient ? On this, the same prevailing school, which decried the homœopathic healing art as a system of poisoning, laughs outright, pronounces it to be mere child's play, and declares itself thoroughly convinced (convinced without having tried it ?) that such a *small quantity* can have no earthly effect,—*is in fact as good as nothing at all*. Thus it is not ashamed to blow hot and cold with the same breath, to accuse exactly the same thing of being inert and ridiculously small, which it had just declaimed against as rank poisoning, all the time praising to the skies its own monstrous and murderous doses of the same substances. Is not this the most miserable and gross inconsistency it is possible to conceive, wilfully perpetrated for the purpose of doing shameful injustice to a system, which cannot be proved to be deficient in truth, consistency, practical utility, the tenderest caution, and most unwearied circumspection, in the choice and administration of its remedies ?

When not very long since a celebrated physician* spoke of pounds of opium which were consumed monthly in his hospital, where even the nurses were permitted to give as much of it as they thought proper to the patients—mark now, opium, which in the ordinary practice has consigned so many thousands to the grave—yet this man lost none of the esteem in which he was held, because he belonged to the prevailing guild, in which

* Marcus, in Bamberg.

every thing is allowable, be it as hurtful and dangerous as it may. And when a few years ago, in one of the most enlightened cities of Europe,* almost every practitioner, from the dignified doctor down to the barber's apprentice, prescribed arsenic as a fashionable medicine in almost every disease, and that so frequently, and in such immense doses, that the detriment to human health was quite palpable; yet this was most honourable practice, though not one of those who employed it was acquainted with the peculiar mode of action of this metallic oxyde (consequently must have been ignorant of the cases of disease when its employment was indicated), and they all continued prescribing it in repeated doses, *any one of which, had it been sufficiently diluted and potentialized, was quite sufficient to cure all the diseases in the habitable globe* in which this remedy was indicated. Which, then, of these opposite methods of practice best deserves the flattering appellation of "system of poisoning;"—the ordinary method, which assails the poor patient (who, by the way, often requires quite another medicine) with the tenth of a grain of arsenic, or the homœopathic method, which administers not even a drop of tincture of rhubarb, without having previously instituted a most rigid inquiry to ascertain whether or not rhubarb be the best adapted, the only appropriate remedy—the homœopathic method, which has discovered, by indefatigable and oft-repeated trials, that it is very rarely necessary to administer more than a fractional part of a decillionth of a grain of arsenic, and that only in cases for which the most careful proving has shewn the remedy adapted? To which, then, of these two methods, does the honourable title of "inconsiderate, rash system of poisoning," best apply?

There is still another sect of physicians who might be called hypocritical Puritans. 'Tis true they themselves in their practice prescribe substances which (by abuse) are hurtful; but, wishing to appear in the eyes of the world as patterns of harmlessness and circumspection, they favour us, *ex cathe-*

* In what a deep state of ignorance must not the medical science of our quarter of the globe be sunk, when these things occurred in such a city as Berlin, which yet, in all other kinds of human knowledge, has scarcely an equal!

drâ, and in their writings, with the most terrific definition of poison, so that, if we give credit to their declamations, the only remedies we ought to employ against all the thousand ills that flesh is heir to, are wheat-grass, dandelion, sorrel, and raspberry juice. According to them, poisons are absolutely (*i. e.* under all circumstances, in all doses, in all cases) destructive to human life, and under the title of poisons (in order to inculcate Homœopathy), they include a number of substances which have been employed in large quantities by physicians of all times for the cure of diseases. Their administration would, however, be positively criminal, had not every one of them sometimes proved efficacious. If each of them, however, have proved only *once* of service (and this cannot be denied), then this blasphemous definition is evidently the most palpable absurdity. Absolutely and under all circumstances hurtful and destructive, and yet at the same time beneficial, is a self-contradiction—sheer nonsense. They attempt to extricate themselves from their contradictory statements, by alleging that these substances are more frequently hurtful than useful. But let me ask, do the frequently injurious effects of these agents come of themselves, or are they not rather occasioned by the maladministration, in other words, by being used in diseases for which they are not adapted? These remedies do not administer themselves in diseases; they must be administered by somebody; so if they once proved beneficial, it was because they happened to be appropriately administered by somebody; it was for the very same reason which would now make them efficacious, were they never employed, but in cases for which they are adapted. Thus it follows, that whenever they have produced injurious effects, it was merely because they were not suited to the case in which they were employed. So whatever injurious effects resulted are to be ascribed to the unskilfulness of the employer.

These narrow-minded individuals further assert, “that even when a corrective, as, for instance, an alkali, is administered along with arsenic, it very frequently produces injurious consequences.”

Nay, I reply, to the arsenic the fault cannot be imputed;

for, as I before said, these substances do not administer themselves, but the mischief is done by him who administers it. And how does the alkali act as a corrective? Does it merely make the arsenic weaker, or does it alter its nature entirely, and convert it into something else? In the latter case, the arsenical compound is no longer arsenic, but something quite different. But if it be rendered only weaker, would not a simple diminution of the original dose of pure arsenic be a much more sensible and efficacious way of making it weaker and milder, than retaining the dose in all its baneful magnitude, and thereafter endeavouring to produce, nobody knows what alteration in its nature, by adding some other medicinal substance, as is the case with the pretended correctives? Well, then, if you find that a tenth of a grain is too powerful, what should prevent you diluting the solution, and administering less, much less of it?

“A tenth of a grain,” I hear some remark, “is the very smallest quantity we are in the habit of giving; were we to prescribe less, we would render ourselves ridiculous.”

Indeed! So a tenth of a grain produces sometimes dangerous results, but the observances of your clique prohibit you from giving less,—a great deal less! Is this not a gross insult to common sense? Are the observances of your fraternity introduced among a set of senseless slaves, or among men who are endowed with liberty of thought and understanding? If the latter be the case, what should hinder you from giving a smaller quantity where a large quantity proves injurious? Is it obstinacy? scholastic dogmatism? or what other prison of the mind?

“But arsenic would still be injurious, even if given in much smaller quantities, even although we were to diminish the dose to the hundredth or the thousandth of a grain, which would be highly ridiculous, and something unheard of in all our rules for prescribing. Even one thousandth of a grain must prove injurious, for we affirm, maintain, conjecture, and pronounce, that it still remains an untameable poison.”

Well, then, what if, with all this convenient maintaining and conjecturing, you shall have accidentally hit upon the truth; it is evident that the virulence of the arsenic cannot increase,

but on the contrary, must decrease when the dose is diminished, so that at last our solution becomes so weak, our dose so minute, that it does not possess any of the dangerous properties of your smallest allowable dose of the tenth of a grain.

"Such a dose would be indeed something quite new! What sort of a thing would that be?

Novelty is, indeed, a capital crime in the orthodox school, which, settled down upon her lees, enslaves the reason to the tyranny of antiquated custom.

But why should a physician who, from his profession, ought to be learned, thinking,—independent,—a controller of nature,—be bound down by such a pitiful rule; and above all, what should prevent him from rendering a dangerous dose mild by diminution?

What should prevent him, if experience teach him that one thousandth of a grain is still too strong, from giving one hundredth-thousandth, or a millionth of a grain? And were he to find that this quantity in many instances was productive of evil consequences, *since every thing in medicine is learned by investigation and experience* (seeing that it is but an experimental science), what should hinder him from diminishing the millionth to a billionth? And if this were in many cases too powerful, why should he not still further diminish it to a quadrillionth of a grain, or if necessary still less?

Methinks I hear vulgar stolidity croak from out the quagmire of its thousand-year-old prejudices: "Ha! ha! ha! A quadrillionth! Why, that's nothing at all!"

How so? The smallest possible portion of a substance, is it not an integral part of the whole? Were it to be divided and redivided even to the limits of infinity, would not there still remain *something*,—something substantial,—a part of the whole, let it be ever so minute? What man in his senses would deny it?

And if this (a quadrillionth, quintillionth, octillionth, decillionth) be in reality an integral part of the divided substance, which no man in his senses can doubt, why should this minute portion, as it is certainly *something*, be *inactive*, while the whole acted with such violence? But *what* and *how much* this minute portion can effect, profoundly speculating reason,

or lack thereof, can never tell; experience alone must determine, against whose facts there is no appeal. Experience alone can decide whether this small portion be too weak to have any effect on diseases, too weak to relieve and restore to health the morbid condition in which it is indicated. No dogmatical assertion, issuing from the closet of the theorist, can determine this point; experience alone, the only competent arbiter in such a case, can do this.

Experience has already decided the matter, and is seen to do so daily by every unprejudiced person.

Having done with those wiseacres who, setting experience at defiance, sneer at the small dose of Homœopathy as a nonentity, as incapable of producing any effect,—up start on the other side the hypocritical alarmists, condemning also without proof, without any knowledge of the subject, our small doses as highly dangerous.

A word to such persons.

If a tenth of a grain of arsenic be in many cases a dangerous dose, must not a thousandth of a grain be much milder? And if this be the case, must not every further diminution of the dose be still milder?

Now, if arsenic (like every other powerful medicinal substance) can, by merely diminishing the dose, be most effectually rendered so mild as to be no longer dangerous to life, then the only thing which remains to be discovered by experiment, is how far the dose must be diminished, that it shall be small enough to produce no evil consequences, and at the same time large enough to be efficacious as a remedial agent in those diseases for which it is adapted.

Experience, and that alone, not closet pedantry, not the narrow-minded, ignorant, unpractical dogmatism of the schools, can decide what dose of such a very powerful substance as arsenic is, would be so small as to be taken without danger, and yet retain sufficient power to produce the effect on diseases, which this medicinal substance (so efficacious when administered in the proper quantity and in suitable cases of disease) was ordained by the beneficent Creator to do. It must be rendered so mild by dilution and diminution of the dose, as to be capable of freeing the strongest man of a disease for which it is adapted, while it is incapable of producing any perceptible

alteration in the condition of a healthy infant.* This is an important problem, which can only be solved by experience and trials, never by the philosophising dogmatism of the schools, with all its conjecturing, and contending, and opinioning.

No sensible physician can acknowledge such limitation to his mode of treatment as the encrusted usages of the schools, which have no foundation on actual experiment combined with reflections, would dictate to him.

His mission is the cure of the sick, and the countless powers of Nature are freely given up to him by the Sustainer of life, to be implements of healing. Nothing is withheld.

To the true physician, whose province it is to vanquish the disease that brings its victim to the very borders of corporeal dissolution, and to produce, as it were, a second creation of life (a greater work than almost all the other much-vaunted performances of mankind),—to him Nature, in all her wide expanse, with all her sources and productions, must lie open, in order to enable him to accomplish this work of creation; and he must also be allowed, according to circumstances, to employ those materials, in exactly the quantity, be it as large or as small as it may, which he finds by experience and trial to be best adapted to the object he has in view, and in whatsoever manner his reflection and experience teach him to be the most suitable; and all this without restraint, as is the right of a free man, a deliverer and restorer to life of his fellow-men, one equipped with all necessary knowledge, and endowed with the most godlike spirit and the most tender conscience.

Let all hold aloof from this most pious, this noblest of all secular professions, who are deficient in mind, in patient thought, in the requisite knowledge, or in tender philanthropy and a sense of duty; in other words, who are deficient in pure

* A medicine chosen homœopathically, that is, which is capable of producing a morbid condition similar to the malady which is to be cured, affects only the diseased part of the organism, therefore just the most excited, infinitely susceptible part; the dose must, therefore, be so small, as only to affect the diseased part a little more than the disease itself did, for which the smallest dose suffices,—a dose so very small, that it could have no effect on the condition of a healthy individual, who has naturally no such susceptible point for this medicine, nor could it produce that morbid condition in him which only large doses can effect. Organon der Heilkunst.

virtue ! Away with that unhallowed race who have merely the outward semblance of the health restorer, but whose heads are full of vain deceit, in whose hearts wicked levity alone reigns, whose tongues make a mockery of truth, whose hands prepare mischief !

- I. *Reflexions sur le Grand et le Petit dans la Nature. Par M. Döppler, Professeur de Mathématiques à l'Institut Royal de Prague. Journal de la Doctrine Hahnemanienne, publiée par Le Docteur Molin, No. VII. (Originally in Baumgartner's et Holger's Journal.*
- II. *Sur l'efficacité des très-petites doses des Médicamens ; par le Docteur Jähn. Archives et Journal de la Médecine Homœopathique. Troisième Année. Tome quatrième.*

THEORY OF SMALL DOSES.

The homœopathic method of cure is not an absolute novelty, which contradicts all former things of the same kind. The unsystematized practice of specifics is the oldest way of healing wounds and removing inward maladies ; and was followed long before the art had assumed a professional character. Bacon blames physicians for overlaying the traditionary records of the special virtues of simple herbs by their magisterial, multi-compounded and confusing prescriptions. Physicians, however, have not always contradicted, instead of elaborating, the conception implied, without scientific method it is confessed, in the ancient popular practice. On the one hand, the best of them have devoted themselves to the cultivation of the medical sciences, as if they have been willing to leave the art as they found it, having been instinctively aware that scientific knowledge had to become more extensive and precise before it could be translated into rational practice ; and on the other, the great useful additions which have been made from time to time by distinguished improvers of the beneficent art do actually come under the homœopathic formula, when investigated with a view to scientific classification. The astonishing effects, as testified by Willis, of the administration of

sudorifics in carrying off the fatal sweating sickness of 1485, while it was destroying ninety-nine cases out of a hundred; the old practice of applying rosewater in diseases of the eye; the exhibition of spirituous liquors in purely inflammatory fevers; mercury in syphilis; peruvian bark in intermittent fever; sulphur in itch; and vaccination;—are instances of this kind. A medical reader, who will take the pains to study the learned introduction to the *Organon of the Healing Art*, will be astonished to find how easily a multitude of the best attested and most striking cases in the annals of medicine arrange themselves under the same category; while he will at least allow, that, if it be not necessary to have recourse to the hypothesis in question for the purpose of rendering them intelligible, another must be discovered, for they fall under no other formula yet invented. Not only so, but the very existence of the phrase *contraria contrariis*, with its logical antithesis *similia similibus*, in the terminology of the profession, shews that the initiative idea of homœopathy has never been wanting. Accordingly, it is by no means wonderful, but the reverse, that Basil Valentine, Paracelsus, Stahl, De Haen, Boulduc, Detharding, Bertholon, Thoury, Störck and others, have in their turns inculcated the latter with more or less of generality. It was the ingenuous, learned and synthetical Hahnemann however, as all the world is aware, who so strongly felt the force of these natural suggestions as to become determined by their influence to abandon, once for all, the routine practice upon the prevalent principles, mixed and motley as he found them in the schools, and to follow the clew into the arcana of the labyrinth, with the faithful hope of discovering some high and homogeneous theory of therapeutics, which might enable him to restore the oldest practice of the world on the foundation of a scientific basis at once extended and profound. Many first-rate men had become aware of the comparative uselessness of the practice of physic, and even suspected it not innocent of disease and death; but this ‘double-headed prodigy’ of a German physician had the precision to solidify his presentiment into a conviction, the honesty to act on his decision, the bravery to face the overwhelming difficulties of a new investigation, and the reward of event-

usually succeeding to his own satisfaction : and the satisfaction of such a man is worthy of most steadfast consideration.

Very few medical men nowadays but become more and more faithless in their art, as well as more and more willing to trust to the unimpeded operations of restorative Nature, the older they grow in the service of the profession ; nay, a whole country of physicians seem to have, in some degree and tacitly, come to the conclusion, that it were better to defer the invention of a therapeutic art till the advancement of physiology and pathology shall enable them to enter on the work under more propitious auspices ; and meantime they will practise their most commendable *medecine expectante*, a kind of treatment to which the present writer had as lief submit as to any other. The very worst that can be said of this method of Hahnemann's, while it is consistent with a most coherent hypothesis of the healing powers of medicines, and appears to revive the primitive experiential practice of the purlieus of Eden, is, that it is the consummation of the plan of doing nothing, with the aid of a confessedly admirable code of diet and regimen. Even in such a negative aspect of the question then, Homœopathy is the distinct expression of the present practical tendency of the most enlightened school of medical sciences in the world ; and this consideration should recommend it to the profession as well as the public. This poor result were of itself something, and should commend the system in general to candid examination, lest it peradventure contain something positive and worthy of the most strenuous inculcation. Let men of microscopes bruise the pilules of this and that dilution on their fields of vision, and say if there be actually decillionths of grains of platinum, copper, gold, sulphur and the rest, among the sugar of milk. Let faithless physicians and practitioners of the *Medecine expectante* make fair trial of the so-called homœopathic method, believing it to be only the perfection of letting nature alone, and then report whether, with their daily results before them, they can any longer suppose that they have not been employing very powerful reagents, instead of globules of nothing.

Speculative homœopathists may say it is not fair to their cause to imply, as is done here, any inseparable connection between the therapeutical maxim they adopt and their in-

cidental employment of invisible doses. It is allowed that there is no necessary implication of such a bond; but to all practical intents it is real. Homœopathy is universally practised with infinitesimal quantities of the medicines administered. Not only so, but there are no rules of art constructed for the practice of the homœopathic principle except with extremely diluted mother-tinctures and impregnated globules of sugar; so that there is really nothing else *sub judice*: and, if any one will practise Homœopathy otherwise, he must address himself to the task of working out an elaborate code of practicable directions for himself and his followers. The practice with invisible doses is so incorporated with the homœopathic formula, that they cannot be separated in the sick-room; although there is no doubt that they are by no means essentially united so as to be inseparable by the mind. One might venture, indeed, to assert, almost in the name of the whole ingenuous part of the profession, that it is this connection with invisible quantities that has rendered the principle *similia similibus* so unacceptable. It is the insensible medicines the profession fights against; and with good reason, till they be rendered welcome to the mind by some theoretical light and likelihood thrown around the practice. What reasonable man shall give trial to so momentous a scheme as a new way of dealing with the dying, unless it be first commended to his understanding as full of verisimilitude? Homœopaths, with the mock-heroic sense of persecution common among innovators, are prone to indulge in philippics against the prejudices of the doctors, as if any one ever was consciously the slave of his foregone conclusions. The truth, on the contrary, is, that there is a vast amount of candour latent in the medical profession as well as in every other. Once render a plan of action, or *modus operandi*, conceivable to them, and they will be the last to grudge it a jury as fearless as intelligent. Be content to be sneered at, but cease to rail, and bend every energy to excogitate a congruous and easily comprehensible doctrine of insensible doses, till it shall gradually become as difficult for your opponents to imagine how their predecessors could bring themselves to throw such enormous quantities of deleterious drugs into their patients, as they find it now to conceive of well-educated men prescribing

the decillionth of a grain to a fellow-sufferer *in articulo mortis*, without concluding that they are either fools or impostors. In a word, this is the great stumblingblock; and, if it were well removed, the way were clear. Not that the want of apparent consistency with every thing else that is known of the operations of nature were a decisive argument against invisible medicines, or any new practice in any other art. By no means; but, in a matter of so grave importance, one must demand some rational initiative before one can be warranted in abandoning a patient to himself. Once satisfied by preliminary reflection that these impalpable quantities have the copious testimony of Nature in their favour, the physician may conscientiously proceed to administer them in accordance with the homœopathic formula, and eventually decide the urgent inquiry by a cautious, prolonged, and assiduous appeal to his own experience. This were the manly course for the critical practitioner to pursue; but the advocate of homœopathy has a previous duty to perform: He must harmonize the principle implied in this practice with invisibles with the general theory of Nature, so far as that has yet been excogitated and received.

There is, indeed, another procedure which has some show of reason in it. The homœopathist advances his proposition regarding doses as an empirical result, achieved more by sedulous prosecution of an accidental observation than by forethought, and asserts that he will abide by it in defiance of theoretical consistency, having for ever established it by the grateful bedside .., for himself. Innovators are very positive in their temper, and always take their innovation for the one fixed and everlasting centre of the world, to which things must be conformed, instead of it to them, or else fall down into loose disorder. One headstrong homœopathist after another declares, regarding the efficaciousness of his lilliputian pills, that he knows it to be as great as Hahnemann avows, till there has gathered around the standard of the reformer a body of loud protestants so large, so intelligent, so learned, so successful in research and so able to write, as to constitute a worthy opposition to the long predominant school; and out of the conflict of the two the lover of men may predict the best results. To the

scientific spectator, as the Reviewer professes to be, this new aspect of the medicine of modern Europe suggests the assurance that neither party has grasped the whole truth of a possible healing art; that here must they act and react on one another till a third be eliminated from the contest, destined (unless it shall have caught the complete secret) to strike out an opposition to itself in the course of time: and this new antagonism shall again be resolved by the progress of discussion and discovery. Pure truth brooks no opponent, but quickly dissipates every obstruction, and stands intact alone. There is no opposition in astronomy, mechanics, or chemistry. The Protestantism of the Reformation did not altogether overthrow and supersede Romanism, just because, while it protested against certain errors of the preceding hierarchy, it devised errors of its own; and all reflective Europe is awaiting a new result. To return; the numerous able works, asserting homœopathic practice on the ground of sheer experience among the sick and dying, are calculated to impress their opponents with the conviction that there is certainly enough in the principle to authorize them to give it a candid trial, since so many of their equals, in whatever is scientific and virtuous, are ready to stand by both. Let them take the fact of the number and merit of homœopathic physicians and books as their certificate of right to experiment upon their patients; especially since it shall only be doing nothing at the very worst; and, above all, as they are well used to the cruel art of making experiments of a far more formidable kind in concordance with their own custom of exhibiting large doses of the most potent and untried chemicals. Such is one view of the question; but still a theory of small doses is the desideratum.

The works which have given occasion to the present article attempt to contribute their share to the supply of this want. Professor Döppler is not a physician, nor yet a homœopathic partisan, but simply endeavours to bring the light of a certain physical distinction to bear on the question at issue; being ready, not to oppose the prevailing school of medicine, not to abet the followers of Hahnemann, but, having heard and probably been disturbed by the noise of the uncharitable fight around him, to say whatever his own communication with

nature, elsewhere than in medicine, shall enable him to advance to the point. We suffer from the extreme division of labour in the sciences, though not nearly so much as the world shall eventually have gained ; but the disadvantages of this endless isolation on points and little spaces would be very much counterbalanced, if there were some true connection of the physical sciences by living charitable men, as well as an apparent union by books, which have hitherto been more dead than alive. Let there be a helpful chivalry amongst us ; let us honour one another's sincere thought, and strive to further, by every generous means, either its perpetual establishment and promulgation, its judicious modification, or its kindly extinction. Let us revive the fine sense of honourable difference which controlled and beautified the conflicts of the deadliest foes in the knightly lists of old. Nay, let us come a mark beyond our doughty ancestors, and, knowing there is no such thing as war in nature, but only action and reaction ending in the supremacy of the better, or else the production of a third which shall be better still, help each other to weapons and opportunity, in order that, if ' God and the right ' be not on our side, we may be beaten all the sooner. In such high-minded contest it were far from ignoble to be vanquished, and all the more glorious to conquer, for victory should be achieved, not in the name of self and school, but in behoof of the generous antagonist himself, mankind, and all-embracing truth.

Döppler is professor of mathematics at Prague, and published his mathematico-physical considerations on the question of the bulk of medicinal doses in Baumgartner's and Holger's *Journal of Physics*, in 1837. The gist of the argument he leads out is to the effect, that the question of greatness respecting material operations is altogether relative to the kind of operations investigated. The quantity of caloric in the whole world, if it were expressed and could be condensed by some Faraday or Thilovier, on one scale of the most delicate of Robison's balances, would not make it kick the beam so sensibly as the thinnest breath of air, if at all ; yet, that latent heat is so magnificent in power, that the merest local disturbances of its equilibrium are productive of earthquakes and volcanoes : and Newton used to boast, with that

quiet pleasantry of humour which was as characteristic of him as his sure induction, that, if he were master of fire, he could pack the planet in a nut-shell. Electricity, too, is called imponderable ; but the swift restoration of the interrupted balance between such amount of the subtle fluid as is contained in clouds, themselves so diminutive in size as to be quite infinitesimal quantities in comparison with the body of the earth, is the cause of the thunder-storm. Nothing created is great or little, except comparatively, and in relation to its effects and the method of operation. Hence there may arise on the very threshold of the inquiry into the likelihood of doses, indefinitely small in weight, being very efficacious in curing diseases, the preliminary question, Whether a medicine acts on the frame by virtue of its ponderable quantity, or by the extent of its surface which is brought in contact with the surfaces of the structures on which it reacts ? This query must be ultimately answered by the extensive observation of physicians seeking a reply to it ; but, to the physicist it is plain that, if the latter be the true rationale of the *modus operandi* of medicines (so far as that is physical), the homœopathist, prescribing the decillionths of grains, may well be giving greater doses in reality than the allopathist when he exhibits his ounces. So reasons Döppler ; and, distinguishing that physical superficies of a body, which is the sum of the surfaces of its constituent particles, from the sensible surface, which is the sum of the exposed surfaces of its exposed particles, he shews that the triturations practised by the homœopathic pharmacist increase the latter surface, the whole exposed surface, the surface that shall be brought into reaction with the tissues, at a very rapid rate. A cubic inch of brimstone broken into a million equal pieces, a sand-grain each in size, is magnified in sensible surface from six square inches to more than six square feet. It is calculable in this way, that, if each trituration of the homœopathist diminishes his drug a hundred times (an extremely moderate allowance the reviewer avers), the sensible surface of a single inch of sulphur, or any other drug, shall be two square miles at the third trituration ; the size of all Austria at the fifth ; of Asia and Africa together at the sixth, and of the sun, with all his continent planets and their satellites, at . . . the thou-

sandth? . . No; but at the ninth! The method of trituration is very simple. A grain of the drug to be prepared is carefully rubbed down in 99 grs. of soluble, insipid and pure sugar of milk, which is extensively made in Switzerland from the residuary whey in the manufacture of cheese: A grain out of this 100 is triturated with other 99 of the milk-sugar; a grain of this mixture of the second dilution is, in its turn, diffused through 99 grs. of fresh sugar, so as to produce the third dilution; and so on to the thirtieth, or beyond it.

In connection with the trituration of insoluble solids, it has been objected, that if, for example, a million of separate particles are contained in a grain of the third trituration, then that trituration diffused through 100 of pure water, each drop will contain 10,000 particles; that one of these drops, diffused in 100 of pure water, will give 100 particles in each drop; that the next dilution will yield only one particle for each drop; that consequently in the next, again, there must be 999 drops of water all innocent of concealing a single particle of the multipotent metal or other insoluble; and that, in fine, the higher dilutions of the homœopathic practitioner are hereby for ever demonstrated to be null and void, at least in such cases. This looks very shrewd, and even has an air of the recondite about it. But who assured the sagacious amateur that the effects of trituration in the way of diffusion, though indefinitely inferior to those of true solution, are to be calculated by petty millions of particles? Besides, there is every probability that the diffusion through the milk-sugar is, at a certain point, consummated to the degree of solution itself by chemical reaction throughout the mass. Molten iron solidified has no action whatever on dry air, and, even when reduced by filing, does not oxidate itself without the disponent help of water and carbonic acid; but let it be reduced from the state of hydrated peroxide by hydrogen, and no sooner shall it be shaken out of the apparatus, in which the operation has been conducted, than it shall burst into swift combustion. All bodies can unite chemically with each other, if the proper circumstances be afforded them; and all solid bodies must suffer mutual reaction, if presented to one another

in fine enough division. This is exactly the case in the instance under notice: The insoluble body, say the metal, unites chemically with the sugar; becomes every where diffused in a degree of division far removed beyond computation by numbers, and the sugar compound, probably still insoluble in the true sense of the term, readily passes through the closest filter, and remains suspended invisibly among the mother-solution . . a thing surely the reverse of incredible to the chemical analyst. In a word, let such diletanti as found objections on their own limitation of mechanical subdivision, and their own inadequate conception of the nature of 'particles,' remember the rigorous calculation of an eminent astronomer of their own day that Encke's comet, vast and wide-spreading as it sweeps through the firmament, is composed of an air so attenuated, that if by some transcending force, it were compressed to the density of our atmosphere, it might be packed within a walnut-shell; and they will never attempt the gratuitous task again.

Now this of helpful Döpler's is a very obvious thought, well and even powerfully expressed; but we must not assign it too much value. Even if the supposition on which it proceeds, namely that surface, not substance, is operant in therapeutics, be correct, yet it makes very little, we fear, for the homœopathic practice in contrast with the other. It is strictly applicable, even in theory, only to insoluble medicines; and how few are insoluble! To triturate a drug which water, or the juices of the stomach, shall dissolve, were a weary wealth of labour wasted, so far as expansion of its surface is concerned; for everlasting trituration and breaking down of agglomerate particles, which can be brought under the grasp of mortar and pestle, of agate or even the closest grain and finest polish, were far short of the searching analysis of a solvent. Why, solution of a solid is always preceded by chemical combination; and then the liquid compound is diffused through the free solvent in conformity with a law like that of gaseous diffusion. Consequently, in the cases of soluble medicines (that is in the vast majority of instances) the allopathist actually makes himself and his patient more sure of bringing the sensible surface of his physic to bear on the sensible sur-

face of the organism. In fact, all that this ingenious theory of Döppler's can do for homœopathy is to render it intelligible that utterly insoluble bodies, such as platinum, gold, diamond or ignited silica, may be made potential medicaments; and this is not much. All honour, however, to the professor for scouting the vulgarity of those pedantic sciolists who will heap their petty ridicule on the homœopathic medicines, on account of their minuteness in the one-sided properties of size and weight. It is surely time to fling away such partial and really vulgar conceptions of the forces of nature. The very direction in which a power is applied, or (to state it after the manner of the men of measurable quantities) a weight allowed to operate, is so immensely more significant than the weight itself that Archimedes, who shot quite imponderable arrows of sunfire at the enemies of Syracuse and burned up their vessels of war, wanted but a point to plant his lever, in order to move the world with his puny arm. What is the weight of water with which Watt clips thick iron, like paper, into shreds, and sends his huge leviathans, throbbing in their irresistible struggle, over the Atlantic? Are not a few pounds of terrestrial weight transformed into tons by the mere disposition of them by Bramah on the principle of the old hydrostatic paradox? Paradox! One had thought the day of paradoxes was over for ever now. Everything great is a paradox at first; for our ignorance and vulgar mistake of knowledge for truth make it strange. To the Ptolemaics it was paradoxical to think that the sky is not a hyaline vault studded with heavenly lights; to the scholastic contemporaries of Torricelli, that nature can endure a vacuum; to the Stahlian chemists, that phlogiston is a nonentity; nay, even to the Incorporate and Royal College of Physicians in London, that Harvey's circulation of the blood should not be persecuted by exclusion from their precious fellowship as an irreligious heresy. Our limitation is the mock creator of paradoxes; but, of all the vulgarities the present reviewer ever considered, this modern medical ridicule of the insensible doses, employed by the professed reformers of the healing art, is the meanest.

Illustrations of the 'power of littles,' drawn from the re-

gion of pure physics as distinguished from the study of animated objects, are mainly of use to disabuse us of this vulgarity ; and it were worth while to marshal an array of them before objectors to confound their low-bred prejudices. Davy, fearlessly following the principle of electrical induction by contact, discovered that half-a-dozen square feet of the copper sheathing of the British fleet are rendered electro-negative (that is, the polarities of all the innumerable particles which make up that extent of surface, are reversed), by a zinc nail driven through the centre of the space, and are thereby protected from the corrosive action of the sea with its stores of oxygen, chlorine and iodine, everywhere ready to be let loose upon metallic substances. Nay, Sir John Herschell finds that the relation to electricity of a mass of mercury, for instance, is such that it may be reversed by the admixture of an almost infinitesimal proportion of a body, such as potassium, in an opposite electrical condition : and with such electrical conditions are all chemical actions whatsoever inseparably connected ; while every one is aware that physiological are complicated with chemical, as well as chemical with mechanical, phenomena. So impressed is Herschell with this class of observations as to observe, ‘ That such minute proportions of extraneous matter should be found capable of communicating sensible mechanical motions and properties, of a definite character, to the body they are mixed with, is perhaps one of the most extraordinary facts that has appeared in chemistry.’

This discovery of Davy’s and Herschell’s has suggested to Prout the theory of Merorganization. Sugar from the cane, or from diabetic urine, are as similar in composition to the sugar of milk, to manna and to gum-arabic, as the several varieties of cane-sugar to each other : And Prout is of opinion that some body or bodies, other than oxygen, hydrogen, nitrogen and carbon, is necessary to the constitution of every substance capable of being digested and of becoming an integrant of any organic structure ; so that the sulphur, phosphorus, iron and other elements which are found as apparently adventitious ingredients of living bodies, are essential to organization, and are said to be merorganized.

Now, he explains the extraordinary differences between organic proximate principles of very similar chemical composition by the presence, in different kinds and qualities, of this small proportion of merorganized matters, which appears to infuse the dissimilarity of properties. Starch is sugar made to differ from it by infinitesimally small quantities of certain merorganic substances, which effect a total alteration of its proximate qualities. Mulder has applied this view to the illustration of the manner in which he conceives those three staple ingredients of the animal tissue, fibrin, gelatin and albumen, to arise out of protein as a common root. Dr Daubeny having, in a memoir read before the Royal Society in 1830 on the saline and purgative springs of Britain, expressed his doubt of the possibility of any medical action being exercised by so insignificant a quantity as one grain of iodine shed through ten gallons of water (the largest proportion he had ever found), felt himself constrained to announce in 1831 that the considerations above stated, 'now induce him to attach more importance to the circumstance of its presence; for it is just as possible *à priori* that this quantity of iodine should infuse new properties into the salts which accompany it, and cause them to act in a different manner upon the system, as that less than a millionth part of potassium should create so entire a change in the relations of a mass of mercury to electricity.' The excellent professor sagaciously and charitably adds, that it is not 'unlikely that the system of the homœopaths in Germany may have grown out of some facts that had been observed with respect to the powerful influence exerted on the system, when even very minute quantities of certain active principles were added to common medicines.' This is a generous suggestion; but is certainly more remarkable still for its good-natured ignorance of the system to which it professes to relate. Dr Prout was probably nearer the mark when he hinted, in his Gulstonian lectures, that on some principle of this kind the fatal effects of miasmata diffused through the atmosphere, may yet be interpreted.

Even unorganized nature, then, is an admirable commentary of strictures on the narrowness of such partial, one-eyed and

dim-sighted interpreters, as insist upon reducing every manifestation of force to the standard of weight and measure. This, however, is not a physical but a physiological inquiry. There is that which is a thousandfold more delicate and more susceptible of every influence, not substituted for, but superadded to and incorporated with, mere physical sensibility to reaction of every kind. Every thing that has been said about material forms, into which the breath of life has not yet been inspired, must be affirmed, and *à fortiori* more urgently affirmed, of the living frame with its fearful complication. The physician and his forces have to deal with a quivering epitome of all the species of susceptibility in creation, one kind reacting on another so as to produce a combination of harmony so intensified, that the prick of a pin shall grate upon every fibre, and a cooling odour in a hot atmosphere impart refreshment and delight to every nerve. According to the experiments of Leuchs, if the 10,240th of a grain of tartrate of mercury be diffused through the substance of a mere hard sweet-pea, the beautiful germ of a graceful flowering herb, which lies folded up in its horny pericarp, shall never come out and be expanded, though you imbed it in the softest mould and solicit it by every art. Before Androclus will a lion, with a paltry thorn in his royal palm, crouch in his rock-built palace, and humbly crave deliverance from the insignificant prickle that has unstrung his fibrous frame. But the 'paragon of animals' is of such exquisite and manifold sensibility to the agency of even physical reagents, that, when the compacted balance of all the parts is disturbed in any one, and idiocynerasy produced, the feel of velvet produces nausea in some; a 'professor of natural philosophy faints under a sprig of lavender;' an Erasmus cannot so much as taste fish without a fever; a Cardinal Haüy de Cardonne swoons at the smell of a rose; a Scaliger falls into convulsions at the sight of cresses, and a Tycho Brahe trembles in the awful presence of a hare. Let a dyspeptic German partake of one of his national sausages in that condition of eremacausis, as Herr Professor Liebig is pleased to say, in which some of its highly complex particles are in the act of falling down into simpler ones on the touch

of external oxygen, others being ready to do so; and it were not very difficult to comprehend, with the desperately chemical professor, how such decaying molecules once introduced without assimilation into the current of the circulation, and carried to the lungs, should rapidly spread the tendency to decadence and slow combustion among the equally complicated molecules of the blood, whence it might gradually creep upon the softer solids, and at length fall to gnawing the very ligaments and bones, till the hectic produced by so universal and devouring an irritation should put the wan and wasting victim out of pain. Almost any man in a somewhat asthenic condition of body, passing a few over-night and inhaling the over-hanging vapours, is seized with a shivering ague, as ridiculous as it is aggravating, which may engorge his spleen and embitter him for life; yet the malaria of the Pontine Marshes themselves cannot be extracted by the most solicitous analysis from the charitable atmosphere in which it is hid. All kind of miasmata have eluded ponderable observation; yet their effects are, many of them, as sudden, certain and terrific as those of the deadliest banes. The morbid ingredient of the smallpox, even when conveyed by inoculation with quite sensible quantities of matter, must be very trifling; but the train of symptoms which ensues is not insignificant. The impregnative principles of scarlatina, typhus and the plague, the victim of the last of which, it seems, must not be approached within several feet on pain of almost certain death, are surely potent enough in pathogenesis: but what is the bulk or the weight of a sufficient quantity to destroy? In a word, all the diseases which are known to be produced by the entrance of something foreign into the system, through the natural channels, are introduced by insensible quantities so insensible that we cannot say of what, and so penetrating that there is no excluding them but by avoidance. The glass-mask of Alasco itself would not protect the daring experimenter from the torpedo-touch of the invisible, inodorous and impalpable external cause of cholera morbus, if the internal disposition were not wanting: the internal disposition, for there are two parties to the production of the anoma-

lous or morbid, as well as the normal or healthy phenomena of life ; external agents and the reacting organism. In connection with this simple first principle of physiology stands a silly misunderstanding of homœopathy, which the majority of its opponents have palmed upon themselves. The reviewer understands that Hahnemann and his followers never either supposed or inculcated that insensible doses can react so powerfully on the healthy frame as to bring out symptoms. Yet sapient M. Andral tried to infect himself with intermittent fever, by eating globules impregnated with infinitesimal weights of quinine ! A specific or specifically exalted susceptibility must concur with the specific reagent or degree of common reaction, in order to the elimination of the desiderated phenomena. The internal disposition must not be wanting any more than the external disponent. There are two ways in which the former, and two in which the latter, may become abnormal, and so be causes of morbid manifestations of vitality. There are four simple ways in which disease may be educed ; retaining the term disease for the expression of the sum of abnormal symptoms of life, presented at any given time. The susceptibility to the action of a material reagent, may be merely increased or diminished, so that the effect of the latter, naturally pleasant, shall be painful. In ophthalmia, the eye is intolerant of ordinary light ; in otitis, the ear of ordinary sound ; in erysipelas, the skin of the gentlest heat ; in the idiosyncratic case of Caspar Hauser, the organ of tact so sensitive that the tenderest touch dealt the unfortunate patient a heavy blow ; and so forth. On the other hand, the natural externals of the organism may be merely increased in quantity or intensified in force ; too much oxygen and repletion of every kind, cold and heat, being familiar as causes of many kinds of disorder. Then the susceptibility of the frame, or any part of it, to the natural reagents without may be altered, not only in degree but in kind : as is the case in the numerous instances of perverted secretions from various organs, when the tears, for example, instead of being bland, become sharp and corrosive ; when, instead of the mild mucus from the nose, an offensive purulent matter is discharged, &c.,

&c. Lastly, the externals may be changed, wonted reagents removed, or unaccustomed ones brought to bear upon the organism; and this embraces the maladies produced by medicines or poisons. Such are the ultimate efficient elements of disease. In nature they are generally complicated. For the provocation of maladies by miasmata, there must be the specific alteration of susceptibility in the frame to become diseased, as well as the presence among insensible quantities of the foreign ingredients in the surrounding reagents. Now it is this natural complication which contains the principle followed by Hahnemann. He does not expect an insensible dose of medicine to evoke symptoms in a healthy organism, but in an organism where sensibility to the reaction of that medicine is for the time unnaturally exalted. Then it is manifest that when the organism is labouring under symptoms the same, or nearly the same, or even only similar to those which a given drug is known to produce when administered to a healthy subject in large doses, its susceptibility of the effects of that drug is already exalted. Now, it is exactly then that the homœopathist expects his insensible dose to act sensibly upon his patient. One is ill of intermittent fever, and his sensibility to the action of any body which is calculated to produce intermittent fever, when given in large doses, is anomalously high; but cinchona is such a body (and any one can try whether it is or not upon himself), and, consequently, it is in intermittent fever that Hahnemann predicts that an insensible quantity of cinchona shall tell on the system with effect. The effect he anticipates is not the doubling of the malady, but its counteraction or cure, in conformity with the therapeutical maxim from which he starts. But it is only the general theory of insensible doses the present reviewer has to criticise. It appears, then, after all, that, if that maxim be founded in Nature, a question which the reviewer has no opportunity of investigating, and to which he cannot say a single word of either dissidence or consent, the ridiculous practice of small doses is the most natural in the world. In truth, it is exactly a consequent and corollary from the homœopathic, as the use of sensible quantities is from the enantiopathic principle of cure. Doses

of ounces and doses of decillionths are equally rational, when viewed in connection with the therapeutical rule which prescribes them ; and the contest is only between that rule on the one side and on the other, if indeed they cannot be brought into harmony. It is the decided opinion of the reviewer that there is no inherent discrepancy between either the principles or the practices of the rival schools.

At all events enough has been said to hinder the most scrupulous conservative from being surprised to find Dr Jähn, an intelligent conservative like himself, giving a copious and candid jury trial to homœopathy and its impalpable medications. Jähn is even yet no homœopathic convert ; after what seems to have been an ingenuous investigation, he feels himself obliged to take up the language of Bacon, *spe fallente, progressu haud prospero, fructu parco et exiguo, cum contemnendo aut planè nullo successu* ; although he is free to add the confession that he has learned much from his experiments on the subject. Among other things, he has been conducted to ‘more accurate views upon the medicative force of Nature,’ ‘upon the worth and importance of the expectant medicine,’ ‘on regimen, and especially different degrees of abstinence from aliments,’ ‘on the importance of proving medicines on the healthy subject,’ ‘on the confusion, falsity, and insufficiency of our *Materia Medica*,’ and on the destructive action on the natural progress of diseases exerted by allopathic interference . . something for homœopathy to have taught any man. Poor Jähn sees nothing for it but to ‘found two schools of medicine—one exoteric, the other esoteric ;’ a conclusion so insignificant as hardly to be dishonest. Think of a physician, who should be a high-minded man of wide and profound knowledge, pretending to administer to the dying, when his principal merit consisted in abstaining from actual prescription ! A professional lie of any kind, even when of the whitest, is base enough ; but a conscious system of deception were contemptible beyond expression. Jähn, however, is evidently a man of learning, judgment and sincerity ; and, though he rejects homœopathy on the whole, affirms, as the result of his trials of the plan, the general pro-

position that '*certain* medicaments act in doses so small as one should have imagined to be deprived of all efficiency; that *certain* produce, in very small doses, an action more pronounced and penetrating than in ordinary doses.' He is careful to say *certain*, not because he has any reason to believe that it is true of only some substances, but because he has really tried only a small number; so that this is an essentially positive observation. Having selected goitre and true venereal chancre, the former of which is never cured but by medicine, and the latter never but by medicine when the patient is kept on ordinary diet, as the subjects of his experiments, he thought that whatever cures might be operated should be fairly attributable to the action of the drugs employed. 'Parting from this idea, I set myself to work, and to my great surprise I saw powders containing a sixtieth of a grain of sublimate, and taken every day or every two days, cure seven chancres, as also other powders containing the same quantity of iodine, and administered in the same manner, resolve thirteen goitres. The longest of these thirteen treatments of goitre lasted five weeks, and the shortest about fifteen days; a proportion which was the same for the chancres. But in all the cases of cure, the malady was recent. In ten old cases of goitre, and in three of secondary syphilis, the experiments had, on the contrary, no result. It was the same also, I made particular remark of it, with all those in which I employed the high dilutions, as the homœopathists call them.' This is worth receiving as a contribution to the broad fact of the potency of small quantities; while it does not militate at all against homœopathy, inasmuch as it cannot be inferred from anything set down in his record, that the cases of chancre were such as a skilful Hahnemannian would have treated with sublimate, while iodine is not the only homœopathic remedy for goitre. Besides, the verdict of one physician's first experiments on two diseases with infinitesimal quantities of medicine, prescribed not purely in combination with the homœopathic principle (with which alone the practice of exhibiting insensible doses is consistent), is by no means entitled to much consideration.

More important to doctors of every school, in divinity and law as well as physic, is Jähn's interesting conclusion :—" I will mention," says he, " one fact more, which I have observed again and again in the course of my experiments on homœopathy, and which has always inspired me with a lively interest. Often have I clearly perceived that, just as certain maladies render the organism extremely sensible to influences which at other times exercise not the least action upon it, the same effect can also be artificially produced by avoiding every cause of strong irritation, and leaving the economy free to react in some sort against slight irritations, as well as to awake the instinctive nervous life from the dale of sleep in which it lies during the ordinary course of life. One may procure this result by simplifying the mode of life, by removing that multitude of stronger irritations, the influence of which paralyzes in some sort that of feebler ones, and blunts the body to the impression, by exercising the mind to believe, by rendering the patient attentive to his sensations ; in fine, by leading man back to the state of primitive Nature. These assertions," he continues, " will not surprise such as have studied the mysterious actions of the ganglionic system, and are convinced, by the reading of history, that man used to sustain more intimate relations with the rest of Nature ; that he was once far more accessible to external impressions than he is now ; that civilization has loosened and partly destroyed the links of that original sympathy."

ON THE USE OF CUPRUM ACETICUM (ACETATE OF COPPER).

By Dr G. SCHMID of Vienna.*

This is an important welcome, and frequently serviceable medicine, even in cases where there is great danger to life.

The following is merely a contribution towards a proper knowledge of its powers, and the method of availing ourselves of these in diseases ; or rather only the *materiel* to serve for the pharmaco-dynamics of this substance. It is more my intention to draw the important features of the picture, which may be recognised under different circumstances, than to determine the fundamental condition, of which these features are the symptoms. Did I wish to do the latter, this essay, not to mention the difficulties attendant on the subject, would grow to the dimensions of a monograph.

In order, as far as it is possible to attain the object I have in view, I shall observe the following arrangement in my remarks :—

I. The diseases in which this medicine is indicated.

II. The pathological state against which it is indicated, is developed not unfrequently in other serious diseases, which may prove dangerous to the life of the patient. I therefore propose, in order to obtain a right conception of the modes of action of this remedy, to make clear and palpable, as well the *relation* of this condition to the primary disease, as the *cause* of this morbid change. In this manner I think I shall be able, most easily and briefly, to place in its proper light, the pathological condition which this substance is capable of producing, as well as curing.

III. Symptoms of poisoning with verdigris. As these seem to differ from the effects of Cuprum Aceticum in diseases, as I have experienced in oft-repeated employment of this substance, I propose, in this essay, to shew that the difference is merely apparent. Lastly,

* From the Hygea.

IV. The preparation and magnitude of the dose of this substance must not be left undetermined.

I. The diseases in which this medicine is indicated. The principal diseased state in which I find the *Cuprum Aceticum* efficacious, is a peculiar and important affection of the brain, which may arise in the progress of several severe diseases. In order to make this affection of the brain recognisable, I shall sometimes describe diseases *in genere*, and sometimes individual cases of diseases, and arrange them in the following manner:—

1. *Acute Eranthemata*. These, as is well known, are frequently checked in the stage of eruption; and often disappear suddenly in the stage of florescence. Sudden death is not rarely the consequence of this. Hence the importance of a remedy which can, with certainty, prevent such a result.

Cuprum Aceticum is, in a certain condition, *specific*; at least it is the substance which, with the greatest degree of certainty, can save the patient. If in this condition death should happen, it is in consequence of paralysis of the brain.

The dangerous condition which this remedy has most power in relieving, exercises an influence over the *eruption*. The latter is sometimes repressed on its first appearance, and during its further development; sometimes, when at its height, it suddenly decreases, fades, and vanishes. This may happen in scarlatina, measles, smallpox, purpura, &c.; it occurs also in erysipelas of the face. The pulse is quick, small, weak, irregular; the temperature of the skin is considerably reduced; in more severe cases it becomes chilly, and covered with perspiration. *Affections of the nervous system are never absent*; to these belong convulsive movements of various parts of the body, distortion of the eyes, face, mouth, head, &c.; spasmodic affections of the chest; sometimes even eclampsia; as well as great restlessness, frequent change of posture, sopor, delirium, &c.

In connexion with this subject, a very remarkable case of its kind, although it must be confessed that such an one occurs but rarely, may be stated.

A patient had angina tonsillaris; he was almost cured,

—was, in fact, pronounced convalescent. All at once, however, during the night, without any precursory symptoms having been observed, he was seized with an affection of quite a different nature. He was attacked by a paroxysm, apparently of an epileptic nature. It was supposed, by way of explanation, that the contagion of scarlatina was the exciting cause of the angina, which, after the disappearance of the latter, still continued latent in the body, and manifested itself in the above described nervous attack, because the exanthema was never developed. I have observed and treated similar dangerous attacks produced by other causes, and I am of opinion, in consequence of my past experience, that I can safely recommend the *Cuprum Aceticum* as a specific.

The symptoms occur not unfrequently, unexpectedly, and with surprising rapidity; and if the exciting cause be not speedily removed, it may in a very short time cause death from paralysis of the brain.

Against this state I have formerly employed many substances, which seemed to be indicated; belladonna, hyoscyamus, stramonium, opium, ipecacuanha, ignatia, chamomilla, nux vomica, veratrum, cocculus, arnica, digitalis, &c. But all of these failed to prove of decisive or striking benefit; on the other hand, *Cuprum Aceticum* speedily produced the desired effect. It is my intention to contribute materials which will serve to promote the knowledge of several remedial agents, as regards their peculiar powers, and the diseases in which they are indicated. If I have time and leisure to fulfil my intention, opportunities will frequently occur, sometimes of giving a description of the characteristic varieties of these substances, sometimes of placing these in comparison with different pathological conditions to which they seem to bear analogy.

To return to the diseased state, in which I consider the *Cuprum Aceticum* specific, for the sake of distinction I must expressly state, that in the above description I do not include the occurrence of an inflammatory disease, accompanying an exanthema, nor the transition of an inflammation into gangrene; *e.g.* *scarlatina* into *angina gangrænosa*. These conditions are accompanied by other characteristic symptoms,

stand in a different relation to the exanthema, and require other means for their cure.

It is worthy of observation, that when the cerebral affection above described, which usurps the place of the exanthema, is successfully removed, the exanthema again makes its appearance, and runs its well known course.

2. This cerebral affection occurs not unfrequently among children, but in them its course is not so violent, rapid, and dangerous. Accordingly, the symptoms of the disease are somewhat different. I think my object will be most briefly and correctly attained, by mentioning the most prominent symptoms of this condition.

It is no unfrequent event to see this condition in children affected with catarrhal fever or difficult dentition. If it develops itself during one of these diseases, those symptoms which are catarrhal or depend on difficult teething, become diminished, repressed, or suspended, in proportion to the intensity of the cerebral affection. And, on the other hand, those symptoms of the original complaint which were suppressed or suspended during the continuance of the cerebral affection, when the latter is diminished in intensity, or altogether removed, again shew themselves.

I consider the following the most important symptoms of this cerebral affection. In the commencement the children are either cross and irritable, or else they manifest an extraordinary degree of dulness and indifference to what is taking place around them. Their sleep is disturbed and accompanied with much restlessness; as the disease advances, they become drowsy, without being able to sleep; there follows incapability of holding the head erect, and flushing of the face; dryness of the mouth, at first without increase, sometimes even with diminution, of the thirst, which, indeed, is never intense during the whole course of the disease; disgust at food, nausea, sometimes even vomiting; the bowels are generally sluggish, there is seldom diarrhœa; the quantity of urine voided is inconsiderable; the urine itself clear, colourless, or clouded; rigors occur, succeeded by heat; in the beginning they follow each other in quick succession. The heat is generally not very considerable; sometimes, but then only for a short time, burning; perspiration is seldom observed, and is never of

long continuance; the state of the pulse is very variable; on the whole it is rather frequent, full, and somewhat irritable; always very changeable, however, in its energy; exacerbations occur towards evening or during the night; it is only then that the inflammatory form developes itself; subsultus and grinding of the teeth appear during the exacerbations; hydrocephelus may be developed from this state.

In order to understand properly the peculiar properties of the *cuprum aceticum*, it is necessary to form a definite judgment of this diseased condition from the symptoms manifested, and this is the best place for entering on this subject. My own opinion is as follows:—every symptom of this condition, as well as the union of all of them, indicate the existence of a sensitive affection of the brain rather than an irritable, although, during the process of the disease, there are manifest endeavours to throw off the malady by increase of action in the blood.

Of all the remedies with which I am acquainted, I know none comparable to the *cuprum aceticum* for producing good effects. Formerly I was in the habit of employing the *belladonna*; but it either disappointed me completely, or the issue was such that it did not justify the idea of its being a specific. At the time of the exacerbation, especially when the fever takes on the character of synocha, *aconite* is the remedy indicated, and is not only useful but indispensable. I am in the habit of administering it during the exacerbation alternately with the *cuprum aceticum*.

An affection of the liver may occur along with the above diseased condition, or it may succeed to it. The region of the liver is itself swollen, painful to the touch, &c. I shall not in this place treat of the proper remedial agent for this condition; but it is my intention to do so when I come to speak of *arnica*, which shews itself here as a specific.

3. The predominating cerebral affection, although it be but a transient affection, in which I consider the *cuprum aceticum* as the *remedium princeps*, may likewise occur in *typhus cerebialis*. For the sake of perspicuity and brevity I cite the following case, some of the phenomena of which will be sufficient for our purpose. A patient labouring under *typhus abdomi-*

nalis, came under my care on the 20th day of the disease. She had been treated for 19 days previously by 4 allopathic physicians, who had made the same diagnosis of the disease. A younger sister of the patient had formerly died of typhus abdominalis. The allopathic physician who had treated the case before me, had at the last visit given the prognosis, that within 48 hours either a favourable crisis or death must ensue.

I administered arsenic alternately with belladonna during 2 days. The day following there was some amendment. *Urinæ crudæ* appeared, which had never before occurred. From this period I treated this case along with Dr Löwe. There was frequent and copious diarrhœa. China was given alternately with arsenic. The diarrhœa ceased entirely, and for two days the cure seemed to be advancing; it was, however, very evident that the patient was in the greatest danger. During the whole period of the treatment sudden changes in the most important symptoms were observable: in the pulse, in the temperature of the skin, in the fever, in the cerebral functions, &c., so that the hopes of recovery that were at one time entertained were speedily destroyed by an increase of the alarming symptoms.

We prescribed *acid. phosphor. dilut. gtt. X. in ℥iij aq. distil.* This remedy had not yet arrived from the druggist's shop when the patient began to exhibit more evident nervous symptoms, violent twitchings, slight convulsions, &c., which, after one dose of the medicine had been administered, increased to an epileptic attack. This was reported to me, and I arrived in time to witness a second and more violent fit.

In order that this case may be comprehended, I must remark, that at the commencement of the disease the patient was menstruating, which, however, she ceased to do; on the ninth day of the disease, whilst the two first physicians were being changed, the flow of blood towards the head had apparently been imminent, because leeches had been applied behind the ear, &c.; moreover, strong stimulants in large doses had been employed, as arnica (℥ss) with valerian, opium, and camphor in a mixture, &c.

The attack which I witnessed was a violent one, and lasted for half an hour. I administered *cuprum aceticum*, and was

fully prepared to witness the speedy occurrence of paralysis of the brain, and, consequently thereon, sudden death. This, however, did not take place. In the evening there was some fever. The remedy was continued. The most remarkable circumstance in this case was, that henceforth the disease became concentrated in the brain, and produced that condition which Schoenlein (formerly at least) called *typhus cereбрalis*, and Sachs, *sensitive inflammation of the brain*. It so happened, however, that the typhus abdominalis receded and became quite latent.

What occurred subsequently in this case does not concern our present subject. On the 24th day after this attack, the patient sank under the complication of her maladies. By the history of this case, I imagined that I could, in the clearest manner, describe the condition in typhus cereбрalis, in which the cuprum aceticum is the chief remedy, and, consequently, it may at times be preferred to other medicines which are indicated in typhus cereбрalis, such as opium, hyosciamus, stramonium, crocus, ignatia, &c.

I shall devote a separate part of this communication to the consideration of the cause of the conversion of typhus abdominalis into the above-described form, and the relation which exists between these two forms of the disease, which will be necessary to the proper comprehension of the action of the cuprum aceticum.

4. In *delirium* the cuprum aceticum may likewise be of important use, namely, when the above-described affection of the brain is the cause of this derangement of the cerebral functions, for the determination of which, what we have previously said will suffice.

This delirium occurs frequently towards the termination of several chronic diseases, when all the functions of the body are nearly extinguished. A remarkable case of this kind in a phthisical patient fell under my observation. In this there were regular paroxysms. The most constant symptom was a *fixed idea*, which in one attack continued for a longer or shorter time, and returned at intervals. The phenomenon which I here allude to was developed in the patient at a time when no hope could be entertained of a recovery. What could not

fail to strike the observer was the circumstance, that during the paroxysm the affection of the lungs disappeared, and only returned when the attack was over. The fixed idea, which was the cause of great anxiety to my patient, was, that he saw officers of justice who came to drag him before the tribunal, whereat he burst into tears and lamentations like a child. In connection with this idea it may be stated, that he was involved in an affair of law, but for nothing that could by any possibility be construed into a crime. Besides this, the patient saw in the apartment thieves, ghosts, and many lifeless objects, which had no existence in reality. It was with great difficulty that he could be undeceived with regard to these things, and then only for a few minutes.

When the attack was not a very severe one, his ideas seemed confused. Whilst he felt and described some of his ailments accurately, he seemed to have no perception, or an erroneous one, of others. When the attack was of the utmost severity the scene presented was of the most lamentable nature. The patient assumed the sitting posture, conducted himself like one in despair, exhibited excessive difficulty of breathing, terrible anxiety and fits of insensibility, with occasional delirium; sometimes he described his symptoms accurately, but rapidly. During this time the pulse and action of the heart were very changeable and weak, the skin cool, bathed in cold perspiration, &c.

The remedy which I found most efficacious in this condition was cuprum aceticum, after the employment of which there generally occurred remission of all this morbid condition. Arsenic, the employment of which these symptoms seemed to call for, especially when the attack was most violent, did not justify our expectations.

Here I may remark, *en passant*, that the *cuprum aceticum* is of the greatest utility in those cases of anxiety in which the patient finds it impossible to control himself; he weeps, despairs, &c., whilst the body is cold, and very little benefit is derived from the application of external heat. I shall not enter into a further description of this condition, as that may be learned from the above case.

5. The *cuprum aceticum* should be preferred to opium in

the above-described affection of the brain, where it occurs in delirium tremens, although the latter substance has been employed, and vaunted as specific, without distinction, in all forms of this disease.

I may here observe, what is evident from the preceding remarks, that cuprum aceticum must be the best antidote to opium when this substance has produced its well-known action on the brain.

6. The following case will answer our purpose, in place of a description of the disease in general. Cuprum aceticum was the remedy employed. A student, at the termination of his studies, had to undergo an examination. As I afterwards ascertained, he had already been subjected to one examination, but had failed to give satisfaction. He had, he assured me, exerted himself to the utmost in preparing for this examination, working till very late at night; and, in consequence of this hard work and the late hours, during a continuance of sultry summer weather, he was so utterly exhausted, both in mind and body, that he was quite incapable of making any preparation for this second examination; indeed, he was so ill as to be confined to bed. He had been in this condition for ten days without any medical assistance. His head was particularly affected, so much so indeed, that, to mention one instance, on awakening one morning he found himself under the piano, although he had laid himself in bed the previous night: he had no recollection of how he came there. In the mean time he felt his strength rapidly declining. The slightest exertion brought on profuse and exhausting perspiration; he had no appetite, so that at last he was forced to call in medical aid. The pulse was weak, slightly accelerated, irregular, the skin moist, no increase of temperature, the feet frequently more cool than warm. At times a feeling of anxiety came over him, which he found it impossible to resist; a giddiness in the head, accompanied with internal pain, sometimes causing insensibility; sleep was restless and unrefreshing, with distracting and annoying dreams; diarrhoea having nothing characteristic accompanying it, was present, with other symptoms, which, for a similar reason, I need not describe.

I had treated the patient for six days without producing any

permanent amelioration. At last I administered cuprum aceticum, by the use of which the patient completely recovered in three days.

7. Another remarkable case, which may very appropriately be related in this place, was that of a lying-in woman, who was under my care six years ago. This case forms the connecting link between the preceding condition and that which follows, which I will describe under the title of mania. The cuprum was the remedy used. The most important points of this case are still fresh in my memory. It first called my attention to the efficacy of the cuprum in similar diseases. A notice of the principal features of this case will answer our purpose. The patient had been delivered some eight days previously; but I cannot be precise on this point. About this time she came under my care. From the time of her delivery an obvious alteration had taken place in her perceptive faculties, which, at the time I was called in, were in a very abnormal condition. This woman, who, before as well as afterwards, was of a retiring, timorous, anxious disposition, exhibited a great degree of liveliness when labouring under these delusions, none of which continued for any length of time, but was quickly succeeded by another; to be sure the same frequently returned, but without any connection or regularity; they were in general of an anxious character. Sometimes when, after an attack, she was supposed to be quieted, and was left for a moment, she unexpectedly jumped out of bed, and it required a great force, at times, to retain her in bed. Her eyes were staring, and her look was generally vacantly fixed upon some object. There was very little alteration in the circulation; the temperature of the skin was only slightly elevated. This was the case particularly in the head; in the extremities it was sometimes even lowered. I had tried several remedies in this case without effect; among these were belladonna, hyosciamus, and stramonium. In despair I at last administered the cuprum, in the choice of which neither experience nor confidence in its efficacy directed me. So much the more striking and remarkable was the good effect which speedily ensued. The patient made a rapid recovery under the sole employment of this remedy.

8. *Mania*.—If it should be thought that the above case

ought to be placed under this head, and regarded as puerperal mania, it would not alter materially the object I have in view in this essay, which is, not to describe the essential nature of the diseases (*Wesen der Krankheiten*), in which *cuprum aceticum* ought to be used, nor yet the essential nature of the action of this remedy, but merely to make the phenomena produced by both serve as a guide for its employment.

The following is a case which may with great propriety be introduced in this place. Mania occurred *after the disappearance of an erysipelas of the face*. When I saw the patient, the erysipelas was still perceptible. She lay profusely bathed in an exhausting perspiration. The temperature was elevated; the pulse quick, weak, and irregular. There was palpitation in the precordial region, and extraordinary anxiety, so much so, that the patient had no control over herself. The intellect was still undisturbed. Belladonna and hyosciamus, which were administered, were of no avail. On a sudden the scene was unexpectedly changed. The patient no longer recognised her acquaintances, not even her husband and son; began to speak a great deal of nonsense, which was occasionally highly ludicrous. She would then appear as if absorbed in thought, out of which state of abstraction, however, she was roused on any thing being done about her person. The same thing happened when any resistance was offered to her attempts to get out of bed. She had several very violent attacks, especially during the night. If any attempt was made to administer medicine to her, she resisted strenuously, and ground her teeth with greater vehemence at this than at any thing else. The erysipelas had by this time completely disappeared; the pulse was slower, and not so weak, but still irregular. No more diaphoresis, and the temperature of the skin normal, except that the lower extremities were rather cold.

Stramonium had already been administered without producing any good effect. Being called twice to see the patient during the night, I gave *cuprum aceticum*, which, during the day following, was alternated with stramonium.

The disturbance of the intellect soon ceased under the alternate administration of these two remedies. For my part, I attribute this effect to the *cuprum aceticum*. From my sub-

sequent and present experience, I am inclined to think that stramonium was not indicated in this case.

I may remark, as proving the efficacy of the *cuprum aceticum* in this case, that the erysipelas reappeared slightly in the face, and not till then did the cuticle fall off.

With regard to the *alternate employment* of two substances for the cure of diseases, I may here observe that it is sometimes very advantageous, and not unfrequently absolutely necessary. I myself am in the habit of doing it; but certainly it is easier to fall into the error of doing too much than too little; besides this, there is a disadvantage attending it which may lead to a want of certainty in practice, namely, that it is a matter of great difficulty to determine what merits each of the medicaments had in the cure. In this I acknowledge an error into which I have frequently fallen, but from which I am gradually emancipating myself. The more my experience in diseased conditions and their apparent specifics increases, and the more frequently repetitions confirm these as specifics, so much the more simple, decided, and certain has become my practice, which is to me a source of infinite satisfaction.

I merely make these remarks *en passant*, as it is my intention, in the course of this essay, to devote some part of it to a statement of my views and experience with respect to the efficacy and necessity of an alternate employment of medicines in diseases.

9. *Apoplexia nervosa*.—In several severe diseases we frequently observe slight attacks of this nature, in which the *cuprum aceticum* is the best remedial agent. Consciousness is lost; the face is distorted with convulsions; the mouth drawn to one side; the tongue partially paralyzed and awry; speech impeded or completely lost; one extremity, generally an arm, moved with greater difficulty than the other, &c. Such a case I witnessed in a phthisical patient. The *cuprum aceticum* speedily procured relief. It was remarkable, however, that while these symptoms continued, the cough and other pectoral affections ceased, and only reappeared after the fit was over.

10. I may here introduce another case in which *cuprum aceticum*, alternately with stramonium, was used with success. I shall give this case briefly, and relate merely the most im-

portant features of it, as I have them now in my recollection. For the sake of connection, it will be necessary to mention some important circumstances in the history of the disease.

The patient was previously of rather a corpulent figure, subject to profuse perspiration, had frequently a cough, which continued for a long time, and was with difficulty removed; he was often troubled with obstruction of the bowels, and thereafter diarrhœa; he was hypochondriacal, but nevertheless a zealous hard-working officer. His disease had already existed for several years, with occasional remissions, during which he frequently felt quite well, and even gained strength. For three successive years, during the cold damp weather in autumn, after having, in general, suffered some time previously from a catarrhal affection, he was seized about the middle of the night with a peculiar attack, which recurred frequently during the winter. It awakened him suddenly out of his sleep; he found great difficulty in breathing, and was obliged to sit up, and lean forward very much, whereby he experienced some relief. He had frequent calls to make water, of which he passed a large quantity, which was clear and pale-coloured. The lower extremities were cold, the pulse spasmodic, but not weak. If the pulse became feverish, and general warmth, with slight transpiration pervaded the skin, in that case the difficulty of breathing was diminished, and the cough returned, accompanied with a frothy expectoration, difficult to bring up, and tinged with blood.

The medical man who attended the patient in these asthmatical attacks, before I saw him, was accustomed in such circumstances to open a vein, which was immediately followed by relief. In my hands other remedies proved efficacious in relieving the attacks. It was not until after I had witnessed several such attacks that I discovered, whilst examining the precordial region during a fit, a strong pulsation which could not be completely overcome by a firm pressure of the finger, so that conjecturing that the cause of the fits and the subsequent condition lay here, I had recourse to crocus, of the tincture of which I administered from 3 to 5 drops per dose, at intervals of a quarter, a half, and one hour; and by this means I succeeded in relieving the attack and its consequences more

quickly and completely, than by any of the remedies I had previously employed. Calcareous tubercular masses were frequently ejected during the cough, which was very often exceedingly obstinate.

The above is *one* point of importance in the history of this patient. I shall now give another. In summer, especially in sultry damp weather, he always suffered from attacks of obstinate and exhausting diarrhoea, from the effects of which he recovered in two or three days after it had ceased; he then regained his appetite, and his digestion became good. When the cholera prevailed in Vienna, during the summer of 1836, he had an attack of it, from which he likewise speedily recovered.

Passing over some less well-marked and less characteristic particulars in the history, I shall proceed to give a sketch of the condition of my patient, during which, the attack that we are more particularly interested in, took place. Immediately before this, however, he was attacked by dropsical symptoms, beginning in the lower extremities, and spreading upwards to the chest; hydrothorax was apparently commencing. Although the life of the patient was threatened, yet he was at last relieved by the employment of digitalis and scilla in large doses, which succeeded after many other remedies had been used in vain. From six to ten grains of digitalis were administered in infusion, after I had employed, without effect, the undiluted tincture in doses of several drops.

There remained, what had indeed existed before the dropsical symptoms, oppression in the scrobiculus cordis, pulsation of the aorta, obstinate obstruction of the bowels, feverishness, &c. This state was also relieved, the appetite returned, which indeed sometimes became ravenous, and then he generally indulged it, though he always suffered afterwards from his imprudence. During this frequent alternation of recovery and relapse, it so happened, that at last the patient was observed to be sometimes sunk, as it were, within himself, and staring vacantly before him. His memory became remarkably impaired. One day after dinner, although he had previously felt quite well, and indeed had been walking about, he suddenly fell down in an insensible state, and was seized with convul-

sions. He had no consciousness of what happened to him during the fit, nor recollection of it after it had left him, which took place a day and a-half afterwards. During the fit the convulsions recurred several times, when he ground his teeth, and his mouth filled with frothy saliva, which he frequently spat about him; swallowing was a matter of difficulty, and sometimes impossible; the respiration was laborious. After lying for some time quietly sunk in deep sopor, he would waken up, and toss himself so violently about in bed, that means had to be used to prevent him injuring himself; then he would start up suddenly in bed and assume a sitting posture; he could not, however, speak. The skin, which was previously cool, became warm all over,—the pulse, which before was very variable, became pretty frequent and strong. With considerable difficulty he vomited the food which he had recently partaken of. These fits recurred several times. At last all these symptoms gradually disappeared,—tranquil sleep followed, from which he awoke in the full possession of his senses; he regained the power of speaking, and was not a little surprised at the anxious and retiring deportment of those about him. He did not suffer from any more such attacks, and his intellectual functions became as normal as before the fit.

For the cure of this state, *cuprum aceticum* was employed, at first alternately with stramonium, and latterly by itself, with most satisfactory results. The medicines which had been previously administered had not proved of the slightest benefit. After this attack the former complaint returned, of which he died some time afterwards. An account of the appearances observed on dissection is unnecessary in this place.

11. *Tussis convulsiva*.—I shall not allude here either to the catarrhal, nor to the secretive, but only to the *nervous* stage. It is well known that the whooping-cough, especially in this stage, does little credit not only to allopathy, but for the most part also to homœopathy, for which reason it is rather a sore subject; so that a remedy which shall be efficacious in it, even although only under certain circumstances, must be so much the more welcome. As such, I consider and beg to recommend the *cuprum aceticum*, more particularly when the

paroxysm terminates in convulsions. I am not able, however, to decide, whether it should be preferred to all other remedies which have been recommended and exhibited in the nervous stage of hooping-cough. I have not yet sufficient data to go upon, in order to draw a comparison between them and it. Certain it is, that these remedies have each their corresponding stage, and this must be particularly attended to in their administration, if we wish to clear up the present confusion in the treatment of the disease. Thus, for example, belladonna is particularly indicated in the catarrhal stage, hepar sulphuris in the secretive stage, veratrum in the transition stage from the nervous into the secretive, when the violence of the cough begins to diminish, &c.

In order that what I have just said may not be misunderstood, I must here observe, that I do not by any means intend to say that it is absolutely necessary for hooping-cough, when it has once begun to pass through all these three stages, before it is eradicated; on the contrary, I am convinced that it may be cured in any stage in which it comes under our treatment, and that without even passing into the succeeding stage. Thus, to adhere to the above arrangement, belladonna may effect the cure in the catarrhal stage.

By the employment of *cuprum aceticum* in the nervous stage (when the disease had already reached this stage, before it came under my care), I have obtained in some instances such good and surprising effects, that, after it had been administered for *one day only*, the disease was checked, and no other medicines were necessary. These were, it is true, the most successful cases; and from them I do not wish that any one should be so sanguine as to expect that the remedy is able, in most instances, to accomplish such a speedy and brilliant triumph. This, however, I observed, that the cure from this time forwards advanced rapidly; and such a favourable change took place, that other remedies were now used with success, which had previously been inefficacious.

I have thus, I conceive, partly pointed out, and partly hinted at, the most important uses of the *cuprum aceticum* in diseases. Any other circumstances, within the above-mentioned sphere of its action, which I have not touched upon, may, I think, be deduced from what has been said.

There is only one other circumstance in connexion with this subject, which I shall endeavour to explain. On looking over the diseases and individual stages of diseases, in which I consider this remedy, in the circumstances already pointed out, as particularly indicated, it appears to me that I must defend it from some objections which might be brought against it, apparently with reason. I allude to the following. As I have in some cases positively stated, and in others let it be concluded, that some of the patients to whom the *cuprum aceticum* was administered in this specific remedy, nevertheless died, it may be said, "What good, then, has your vaunted remedy done?" The answer is self-evident. It is this—The condition for which the *cuprum aceticum* was employed did in reality give way. In order to eradicate the remainder of the disease, other remedies are required.

It is now our business to find out the connexion of these different morbid conditions. This subject, on account of its importance, in a practical point of view, merits a separate consideration.

2. *The relation of this morbid state to those diseases in which it is developed, and the cause of its development.*

We have here two points offered for our consideration, of vast importance in practice. *1stly*, The *relation* of the new morbid condition to the primary one; and, *2dly*, The *cause* of its sudden and often dangerous development.

1st, The two morbid conditions cannot co-exist; whichever of the two prevails, the other is kept in abeyance, and concealed. This, as every physician knows, is the case with many other diseases: thus, the progress of phthisis is checked during pregnancy; the same is sometimes effected by epilepsy; on the cessation of these two conditions, the phthisical again obtains the mastery. Professor Rokitansky relates an interesting example, confirmatory of this subject, in the xviith vol. of the *Medicinische Jahrbücher des österreichischen Staates*, where abdominal typhus and cholera mutually excluded each other. In like manner, one disease may cease by being transformed into another. Thus, the cholera has been observed to pass into intermittent and nervous fevers.

2d, We come now to the consideration of the cause of this

change of one disease into another. In the disease with which we have to do, this change takes place according to the laws of contagion ; for when one organ becomes affected, the other is relieved. Although it is possible that such a change may be produced by bad diet, an erroneous system of regimen, or an ill-adapted mode of treatment ; yet, in our case, I consider it as an accidental condition, produced by the diseased organism, which, being too weak to resist the violence of the disease, and in danger of succumbing, transfers the burden to another structure. The fate of the patient depends upon whether the newly affected structure be more or less important than the former one. The change of disease we have described occurs most frequently, in the most active stage of exanthematous diseases, viz., in the stage of eruption and florescence. In phthisis I have never observed it until towards the close of the disease. It is impossible to ascribe this change to a medicinal aggravation, because it happens in all sorts of treatment, among every description of physicians, some of whom, indeed, adopt a treatment more of an expectant than a positive nature. It may be ascribed to bad treatment ; but even if so, it does not necessarily imply that it was produced by the administration of a certain medicine. We now come to the third point which we promised to treat of in this essay.

3. *Comparison of the action of the cuprum aceticum in the above-mentioned diseases, with the poisoning by verdigris.* In the preceding articles, I have endeavoured to shew the peculiarities of the cuprum aceticum, by describing the diseases in which I have used it with great, sometimes with extraordinary, success ; it now remains for me to illustrate further these peculiarities, in the action of the substance on the healthy subject, when administered accidentally or purposely ; and so much the more do I feel called upon to do this, as the latter will be rightly held to be the *prius*, and the former as the *posterius*—in other words, the latter will be to the former as the *proof* to the sum.

It may be said, that the symptoms of poisoning by verdigris, a large number of which are known, and some of which Orfila has collected in his work on Toxicology, should answer our purpose. This is not, however, the case ; and this is the

reason of my calling attention to the subject. The difficulty is this : *The symptoms of poisoning by verdigris do not certainly stand in opposition to the account I have given of the peculiar properties of cuprum aceticum, but, at the same time, they do not speak in favour of it; so that nothing can be either confirmed nor inferred from them.*

For the proof of this, and at the same time for the purpose of making a satisfactory deduction from it, I must first mention the symptoms of poisoning by verdigris.

1. Orfila, in his *Toxicology*, reduces the symptoms of poisoning by verdigris to the following :—

An acrid, styptic, coppery taste, dryness of the tongue, feeling of constriction in the throat, coppery eructions, continual spitting, nausea, copious vomiting, or vain efforts to vomit; tearing pains in the stomach, frequently very violent; dreadful pain in the abdomen, frequent calls to stool, the matter passed being sometimes bloody and black coloured, with tenesmus and weakness, tympanitic and painful abdomen; small, irregular, thready and accelerated pulse, faintings, natural warmth, burning thirst, laborious respiration, anxiety in the pit of the stomach, cold perspirations, scanty urine, violent headache, vertigo, prostration of strength, weakness in the limbs, cramps, convulsions, and lastly death.

2. These symptoms of the poisoning by verdigris do certainly not indicate the morbid condition, which I have endeavoured to depict and make comprehensible in this essay; on the contrary, they indicate *an inflammatory and gangrenous affection of the mucous membrane of the digestive apparatus, more especially of the stomach and intestines.* A post mortem examination affords decisive proof of this, as we then find the mucous membrane of the stomach and bowels in an inflamed and gangrenous condition, in which sometimes the other tissues of these organs participate; when this is the case, sphacelated spots are produced, which easily give way, then perforations are produced, through which the contents of the intestinal canal are discharged into the peritoneal cavity. It sometimes even happens that the rectum is ulcerated on its inner surface, and perforated in several points.

If, as I conceive, my observations with respect to the action

of *cuprum aceticum* be free from error, and if, as I cannot for a moment doubt, the account given by Orfila of poisoning by verdigris be correct, *how*, it will be asked, *can my observations be reconciled with Orfila's account?* This question naturally presents itself, and it is my duty, in this essay, to answer it satisfactorily. I therefore attempt to do it briefly as follows:

a. In order to form a proper judgment of the effects of *cuprum aceticum*, we must distinguish two forms of action. The object of this essay has been to indicate and explain one of these, the other is shewn in cases of poisoning with verdigris.

b. These two forms are opposed to each other, or, in other words, the one excludes the other. After what I have brought forward, in a former part of this treatise, concerning the manner in which one disease suppresses another, this point can no longer be a matter of doubt. Besides this, *cuprum aceticum* has this property in common with several other substances, and that in a very evident manner. For example, this is the case with *secale cornutum*. It is a well known fact, that frequently dangerous and widely-spread epidemics prevail, in unpropitious seasons, from the use of diseased rye, called *secale cornutum*. This disease is termed *morbis cerealis*. It has, however, been observed that some of the affected exhibit principally *nervous symptoms*; while others again, are attacked by a gangrenous affection, so that two forms of this disease are described, the convulsive and the gangrenous. The same is the case with *cuprum aceticum*.

c. We do not require to enter further into this subject; it will be useful, however, to note what circumstances produced the one form and what the other. As regards this subject, Orfila says that the ergot of rye, when partaken of in small quantities, produces nervous symptoms—the convulsive form, whilst single large doses, or long continued employment of it, produced the gangrenous form.

To return to the *cuprum aceticum*. I know no other way of accounting for the production of two forms of disease by this substance, than by ascribing it to the difference in the size of the dose. In cases of poisoning with verdigris, large doses were administered, and produced an inflammatory condition of the mucous membrane of the stomach and bowels, with a ten-

dency to gangrene. In those cases, the whole strength of the substance, in consequence probably of the largeness of the dose, was so fixed, as it were, that it was unable to produce any action on the brain and spinal cord, for which organs it had an equally specific affinity.

d. There is another point to be attended to, which, although of paramount importance, is rather out of place here ; it is this, that large doses of a remedial agent are not well adapted to give us a proper knowledge of its peculiar properties ; they attack the organism with great vehemence, and it, thus assaulted, exerts all its powers to ward off the attack, the conflict thence arising produces a very chaos of symptoms. In illustration of this point, I need only allude to purgatives, emetics, and diaphoretics.

IV. *Preparation and dose of the remedy.* An explicit account of the methods I adopt, in so far as they differ from the general practice, forms part of the object of this essay. I proceed thus : I triturate one grain of the *cuprum aceticum* with 100, 150, or 200 grains of sugar of milk ; the latter must have been previously triturated, so as to feel as fine as flour. In this state it must be gradually rubbed up with the remedy. They may be equally and perfectly mingled in from 20 to 30 minutes. Of this I take, upon the point of a knife, a quantity weighing from 3 to 4 grains, and dissolve it in a tumbler of spring-water ; this is to be used in tablespoonfuls, every $\frac{1}{4}$, $\frac{1}{2}$, 1, or 2 hours, according to the violence of the disease. I am in the habit of using this remedy very frequently, and I have *never* observed a patient get worse in consequence of its administration, not even among children, in which class of patients it is, if not an indispensable, at least a most useful remedy, in the above described cerebral affections.

I imagine I have said sufficient in this place with regard to the preparation and dose of this substance, the more so, as I intend, in a special essay, to give my views and experience on these subjects more fully than I have now done.

There is still another circumstance in connection with this subject which merits a place here. It is this—In the above affections I have tried the *cuprum aceticum* only ; I have

never instituted any experiment to ascertain whether the *cuprum metallicum* may not have the same effect, although it is my intention to do so as soon as possible. From analogy, however, I conclude that the result of these experiments will prove that the action is not *quite* the same. I may *en passant* mention my reasons for such a supposition. Of mercurial preparation I have employed the *mercurius vivus*, the *solubilis Hahnemanni*, the corrosive sublimate, calomel, the *hydrargyrum precipitatum rubrum*, the nitrate of mercury, and I have found that there is often an essential difference in their effects.

CLINICAL OBSERVATIONS.

Communicated in a Letter from Dr FRANK of Osterode.

When one has fulfilled the injunction of Schellhammer, and been “*Doctor utriusque juris* ;” that is, when one has, as I have done, for many years prosecuted the study of medicine after the fashion of the old school, both under the direction of its learned professors in universities, and also, in independent practice, and has afterwards become theoretically and practically acquainted with Homœopathy, there is nothing more natural than that he should institute a comparison, from time to time, between his former and present experience, and likewise between the result obtained by allopathic physicians and by himself in epidemic diseases, or in cases of similar affections. I am in the habit of drawing such a parallel at the close of every year, and shall now offer an example, in the hope that it may prove interesting, and, to my younger brethren, perhaps instructive. So early as the end of June, some cases of scarlatina came under my notice, which must be considered as having been the forerunners of a very extensive epidemic which broke out later. In August, September, and October, this epidemic was at its height ; there was nothing very remarkable or dangerous about it, except the extent to which it prevailed among the children. The prevailing type of disease was the catarrhal ; and catarrh, catarrhal ophthalmia, and such like complaints, were the most frequent. The gastric type which

afterwards prevailed to a degree which I never before saw, had not yet developed itself. Generally from one to three days, before the appearance of the eruption, there was a diminution of the ordinary buoyancy of spirits, a certain amount of dullness; and, lastly, vomiting, which, however, was always rather moderate. At this period of the disease the tongue presented its characteristic scarlatine, or rather what might be called erysipelatous hue (for this peculiar appearance of the tongue distinguishes the whole class of erysipelatous eruptions); but this state of the tongue could not be taken as a certain symptom of the miliary scarlatina, as the papillæ had not at that time attained their greatest elevation, and both before, during, and after this epidemic, cases of cynanche tonsillaris occurred, in which the whitely-coated tongue presented the same appearance of red elevated papillæ, as in the cases of the epidemic. Such cases might be considered as scarlatina, without eruption; but I did not observe desquamation to follow in any one case.

The eruption itself, in this miliary scarlatina, regularly followed the premonitory symptoms, and in two to five days desquamation was observable. The patients, at least those under my treatment, were quite cheerful after the appearance of the eruption; never lost their appetite, and, in general, were not annoyed with a single bad symptom. Encephalitis, indeed, occurred occasionally, but very moderate in its degree and character. I do not venture to decide whether this was owing to the belladonna and aconite which were given at the commencement of the disease, in a dose of a drop of the second or third dilution three times a-day, or whether the disease never happened to assume with me that malignant form it took on under allopathic treatment; or whether, which seems to me the most probable, and to do justice to both, the allopathic treatment did positive harm, and the homœopathic positive good; however this may be, the result was, that out of 30 cases of miliary scarlet fever, I had not a single death, while the allopathic physicians, stationed in six times greater force in the neighbourhood, lost more than one-third of their patients. I may here make the observation, that from what I learned from

the relations of the patients allopathically treated, the first days of the disease passed over very well, and not till late did the bad symptoms appear. I refrain from drawing any deduction from the fact.

Dropsies, especially anasarca, and more rarely parotitis, were the signals of the disease; and after that considerable swellings[*bedeutende anschwellungen*], which continued to occur after the epidemic had ceased, and attacked those who had not been affected with the miliary scarlet fever, so that they assumed an epidemic character. Patients died in all the stages of the disease under allopathic treatment, but the greater part died of the consequent dropsy. A good many even died of parotitis; and I know for certain, that this cost the physicians of the old school a world of annoyance. The trifling complaints obstinately withstood all their efforts, and in the course of three or four days the swelling went on to suppuration, which did not occur in any case which I treated, with the exception of one, and in that it was the consequence of the most foolish carelessness. A few doses of belladonna, second or third dilution, and when very obstinate *rhus toxicodendron*, second dilution, or those two alternately, generally allayed the disease in from three to six days. Dropsical swelling occurred only in two of my patients; the one was a girl of four years old, the other an elderly unmarried lady. Both of these had neglected the treatment I prescribed, which consisted in washing the whole surface of the body two or three times a-day with cold water, on the disappearance of the eruption; but they had exposed themselves to cold draughts. The first case was relieved by the cold fomentations alone, repeated twice a day; the little girl perspired copiously after each washing, and in the course of ten days she was perfectly well, without having kept her bed during all that time. In other cases, where the patients were very irritable, they were ordered to wrap themselves in blankets after the cold affusion, and to take one drop of the third dilution of belladonna internally. In these cases also, the serous infiltration gave way in the course of eight days; but the convalescence was tedious, although, according to their own account, it was much more rapid than

was usual with them after so severe an illness,—a result they attributed to the homœopathic treatment, in which, until now, they had not had confidence.

I shall shortly narrate the particulars of one case, which, from its unusual complications, was especially interesting to me.

G. S., a boy $1\frac{1}{4}$ year old, who, except that he had suffered much during teething, was robust and well, exhibited, on my first visit on the 8th of August, *varicella and scarlatina lævis* at the same time. The two eruptions did not seem to have had much influence upon one another, except that the scarlet fever eruption was quite smooth, presenting none of the small elevations which distinguished the miliary scarlatina then prevalent, and also that there was only one crop of varicella pustules, and that very small. So early as the 10th, the red colour had almost wholly disappeared, except from those parts on which the child generally lay, and the margins of the varicella pustules. These pustules had dried and become black in colour, which brought the mother to despair, as she thought it must be the black pox. I may mention, that on the same day cerebral affections manifested themselves; there was great uneasiness, frequent and violent alarm, much vomiting and retching. On the 12th these symptoms had entirely disappeared, and the varicella had dried up to a few dark scabs. Several varicella pustules which had appeared on those parts where the scarlatine eruption was greatest, had been much inflamed and hard at the very first, were deep seated, like a boil, in the skin. Some made little or no progress, but two, on the other hand, on the left pubic and crural region, attained an immense size. Here two of the pustules increased, after having nearly dried up, so as to become abscesses,—the one as large as a walnut, the other as a goose's egg. I considered them to be critical, and ordered them to be covered with emollient cataplasms. They did not, however, open; but after the desquamation of the rest of the body, they softened and slowly disappeared. They were wholly gone on the 24th, and the spot they had occupied was marked by a scale about the size of a matier,* and in places where this had been scratched away, there were seen sinuses extending down to the muscle, which

* A coin the size of our fourpenny piece.—ED.

lay below quite bare as if dissected. The integuments were very thick at the place, so that the sinuses were about half an inch in length, and they were broad at their margins. The boy was otherwise well, and able to enjoy the air; the cicatrization did not take place for some months.*

In the year that has just passed I have met with several severe cases of menorrhagia, some of which were merely excessive menstruation, while others were the result of abortion. The former were generally painless, but occasionally, like the latter, they were attended with cramp like labour pains. When the hæmorrhage occurred as the result of menstruation or abortion, *Secale cornutum* was *always* of service by itself; and I know of no medicine which, in these urgent cases, can be so confidently trusted as this. Moreover, the high dilutions I have not found sufficient in such cases, and the repetition of the dose at long intervals, I have long ceased to trust to in acute cases. Formerly, I was in the habit of giving the second trituration in the dose of a grain in two drops of the second dilution; and while I no doubt found that it stopped the hæmorrhage, yet, after a frequent repetition of this dose (every third hour), I have found the bleeding to recur upon the slightest provocation, or even without it. Latterly, I have the secale triturated in the proportion of gr. ii. to v. and x. to xc. gr. of sugar of milk; and administer 3 to 5 grains of this every half hour, or every hour, or at longer intervals, as the exigency of the case seems to require. After the most careful observation, I cannot say that I observed in a single symptom what could be regarded as the primary (physiological?) action of the medicine.

I may give a few cases as examples.

I. The wife of a man in office, of good constitution, but who had previously suffered from uterine hæmorrhage some short time before at a menstrual period, and had been cured by secale, had an abortion on the 1st of August, after ten natural confinements.

The lady (why, I cannot tell) had all along been afraid of hæmorrhage; the bleeding commenced in the morning, and,

* We are disappointed that Dr Frank has not gone into the detail of the treatment of these cases.—ED.

notwithstanding my injunctions, she had been constantly in motion, and I was sent for at half past five in the afternoon, and on my arrival, found her swimming in her blood. There was a continual and copious discharge of partly red and fluid, partly black and coagulated blood. The pains returned regularly, and were always attended with an increase of the flooding. There was much exhaustion and alarm. Three or four grains of a preparation of secale, composed of gr. iii. of the secale triturated into ℥ii. of sugar were taken at once, immediately after a severe pain, followed by copious bleeding; the patient became deadly pale, and fell into a faint, from which it was very difficult to awaken her. After this there was some threatenings of a return, but they ended in nothing. Every quarter of an hour, and latterly every half hour, about 5 grains of the trituration of secale above described were given, and on my return at 9 o'clock, I found that the ovum had come away, accompanied by slight pain and inconsiderable bleeding. The patient slept well during the night, and on the following morning the pains and bleeding were very slight, and perfect recovery soon followed. I ought to mention that in this as in other cases, where danger is very great and urgent, I applied cold cloths to the abdomen, but, except when life is in imminent danger, I never resort to the expedient.

The *second* case is that of a woman, who for many years had been sickly; I had treated her before successfully for an acute bronchitis. Since her delivery her menses had been too seldom and very irregular. The menses had occurred four or five days before, and in consequence of unusual exertion and excitement, they had been rather copious. In the night she dreamt that she was ascending the stair with a heavy load, and suddenly a clot of blood came away, and then the blood seemed to gush forth. The alarm awaked her, and she found that it was really so; she was bleeding fast. I was not called until the following morning, and arrived about 9 o'clock. She had then lost much blood, and her strength was greatly reduced; the lips, and indeed the whole body, not even excepting the tongue, were pale as death; the pulse still beat, but the pulsations could not be distinguished. She had already fainted frequently, and the faintings now increased extremely

fast, taking place every time she changed her position, and often without her making any change, when perfectly at rest. When the periodic pains came on, clots of blood were expelled, and between these attacks there was a constant oozing of thin bright blood. As, from the distance of the apothecary's, I could not at once obtain the *secale*, and as the symptoms seemed to indicate *chamomilla*, the patient moreover being of a remarkably irritable temper, I gave her a few spoonfuls of chamomile tea, at intervals, but this had no effect upon the bleeding. *Secale cornutum* was prepared in the proportion of gr. ii. to 3s. of sugar of milk; 3 or 4 grains of this, first every half hour, then every hour, had the desired effect, with wonderful rapidity. Although the extremities had become deadly cold, and the pulse was scarcely perceptible, yet in two days the patient was out of danger; in a few days more not a drop of blood was lost, and in the course of fourteen days, this poor enfeebled woman was able to leave her bed for hours together, and soon for the whole day. Unfortunately, during her convalescence, she was attacked with *hæmoptysis*, from which she had before suffered, and which ended in confirmed and fatal phthisis.

(*To be continued.*)

WHAT IS THE INFERENCE?
OR THE COMPARATIVE STATISTICS OF ALLOPATHIC AND
HOMŒOPATHIC TREATMENT.*

By Dr KURTZ of Dessau, Medical Counsellor, &c.

Having long been of opinion, along with many other unprejudiced persons, that the positive advantages which have hitherto accrued to humanity *in general* from the interference of medical men, are at best but questionable, I have at the same time always disliked to hear, on the one side, Hahnemann and his "faithful" disciples condemn the more ancient system as null and void, as also, on the other side, Allopathy, as it is termed, disdainfully spurning Homœopathy, arrogate to herself the whole power of curing. On this subject, hitherto a war of words has been waged *usque ad nauseam*, of course

* Hygea, xviii., heft 2.

without any satisfactory result ; hence, nothing now remains but to look out for *facts*, and what the living cannot agree about, that let the dead determine. This idea has, it is true, been conceived by others before myself ; but, as the sphere of their observation has been but limited, the inference deduced could not be so satisfactory as it must be when the results of a very large number of allopathic institutions are placed in comparison with all the homœopathic institutions hitherto established. Although well aware that there are many circumstances which, in this respect, act at one time favourably, at another time unfavourably, on these results—and from many causes, we are far from making proper allowances, which, perhaps, might be done were all the furnishers of these reports imbued with the spirit of Gavarret—yet I have no hesitation in making this comparison, because I think that an error which is equally prevalent in all does in point of fact cease to be an error ; and I am not the less influenced in this by the fact that the allopaths are by no means averse to using *such* statistic tables in their comparisons among themselves, so that I am justified in using similar tables whilst drawing a comparison between Allopathy and Homœopathy.

What follows I have classed under the heads there indicated ; because all other points of information are, I conceive, unnecessary for our present purpose. Here I may remark, once for all, that, as regards the Allopathic institutions, I have made use of—1. The comparison by Arnold (Griesselich's *Hygæa*, i., 472.) 2. The same by Noack (*Op. cit.*, xiii., 553.) 3. I. J. Knolz's *Description of the Charitable Institutions*, &c., Vienna, 1840. 4. Cless's *Medical Statistics of the Inner Division of the Catharine Hospital of Stuttgart*. 5. *Physical and Medical Journal of the Imperial Med.-Chir. Academy of St Petersburg*, 1840-41.

As regards the Homœopathic institutions, the reports—1. In the *Jahrbuch: der hom. Heilanstalt*, Leipzig, 1833-34. 2. *Stapf Archiv der hom. Leilk* (xviii. 2, 141 ; xix. 2, 106, 108.) 3. *Thorer, prakt. Beitrag. im. Geb. der Homöop.*, iv. 70. 4. *Vehsemeyer und Kurtz, Med. Jahrb. der Specif. Heilmeth*, iii. 502. 5. *Allgem. Hom. Zeitung*, xxi. 47, 89. 6. *Hygea*, viii. 311, 314, 325 ; xii. 233 ; xiv. 357. 7. *Knolz's Darstell.*, &c.

I. Proportion of Deaths to the number of cases treated.

A. ALLOPATHIC INSTITUTIONS.

	Of 100, there died—
Berlin—Charité, 1796–1817,	16—17
... (1831 ?)	14—15
... 1838,	11—12
... 1839,	10—11
... Institution for patients able to pay, 1839, .	11—12
... Bartel's Clinique (year ?)	7—8
Breslau—Hospital zu Allerheiligen (1831 ?) .	18—19
... 1838,	17—18
Dresden—Stadt Krankenhaus, 1816,	14—15
... Medical Institution for poor patients, 1839, .	5—6
Leipzig—Jakobshospital, 1839,	11—12
... Medical Institution for poor patients, 1839, .	2—3
Göttingen—Poliklinik, 1838–39,	2—3
Hamburg—Allg. Krankenhaus (5th report), . .	6—7
Paderborn—Hospital (1831),	8—9
Würzburg—Julius Hospital, 1835,	6—7
Munich—General Hospital, 1813, 1832, . . .	7—8
Vienna—General Hospital, 1826,	16—17
... 1838,	13—14
... Provincial House of Correction, 1838, .	5—6
... Inquisition Hospital, 1838,	3—4
... Hildenbrand's Clinique (1826 ?)	3—4
... Barmherzige Brüder, 1830,	10—11
... 1838,	8—9
... Elizabetheninnen, 1830,	7—8
... 1838,	9—10
... Madhouse, 1838,	13—14
... St Marx, 1838,	20—21
Mauerbach, near Vienna,	15—16
Ybbs, in Austria,	16—17
Pesth—Civil Hospital, 1826,	16—17
Lemberg—General Hospital (year ?)	11—12
Stuttgart—Catharinen Hospital, 1828–29, . .	2—3
... 1829–30,	2—3
... 1830–31,	2—3
... 1831–32,	3—4
... 1832–33,	3—4
... 1833–34,	3—4
... 1834–35,	2—3
... 1835–36,	4—5
... 1836–37,	3—4
... 1837–38,	3—4
Strasbourg—Forget's Clinique, 1835–1838, .	15—16
Montpellier—all the Hospitals,	10
Bordeaux—Hospital St André,	10
Lyons—Hôtel Dieu, 1837,	13—14
... (year ?)	14—15
Toulouse (year ?)	7—8
Marseilles (year ?)	12—13
Rennes (year ?)	12—13
Geneva—Hospital, 1823,	9—10

					Of 100, there died—
Paris—Hôtel Dieu, 1822,	.	.	.	.	14—15
... .. 1835,	.	.	.	.	9—10
... Pitié, 1822,	.	.	.	.	12—13
... Charité, 1822,	.	.	.	.	18—19
... St Antoine, 1822,	.	.	.	.	14—15
... Necker, 1822,	.	.	.	.	18
... Cochin, 1822,	.	.	.	.	12—13
... Beaujon, 1822,	.	.	.	.	16—17
... St Louis, 1822,	.	.	.	.	6—7
... Venereal, 1822,	.	.	.	.	2—3
... Maison Royale de Santé,	.	.	.	.	17—18
... Val de Grace, 1815-1819, under Vaide, Des-	.	.	.	.
gerettes, Pierre,	.	.	.	.	5—6
... Val de Grace, 1815-1819, under Broussais,	.	.	.	.	7—8
Brussels—St Peter's Hospital, 1823,	.	.	.	.	11—12
Amsterdam—St Peter's Hospital, 1798-1817,	.	.	.	.	8—9
Turin and Genoa, 1821,	.	.	.	.	14—15
Milan—Great Hospital, 1812-1814,	.	.	.	.	16—17
Pavia—St Mathes, 1823,	.	.	.	.	9—10
Bologna—Tommasini's Clinique, 1816-1819,	.	.	.	.	12—13
... .. (year?),	.	.	.	.	5—6
Padua—Brena's Clinique (1830?),	.	.	.	.	8—9
Livorno (year?),	.	.	.	.	13—14
Palermo—Great Hospital, 1823,	.	.	.	.	12—13
Lisbon—St Joseph's Hospital, 1835-1836,	.	.	.	.	14—15
London—St Thomas' Hospital, 1803-1813,	.	.	.	.	6—7
... St George's Hospital, 1825-1827,	.	.	.	.	11—12
Edinburgh—Royal Infirmary, 1809-1818,	.	.	.	.	6—7
Christiania—State Hospital (1829?),	.	.	.	.	5—6
Petersburg—Maria Hospital, 1837,	.	.	.	.	25—26
... Civil Hospital,	.	.	.	.	20—30
... Military Hospital,	.	.	.	.	5—7
... Seidlitz's Clinique, 1839-1840,	.	.	.	.	13—14
... .. (former years),	.	.	.	.	8—9
Average,					9—10

B. HOMŒOPATHIC INSTITUTIONS.

Leipzig, 1832-33,	.	.	.	.	.	2—3
... 1839-40,	.	.	.	.	.	4—5
... 1840-41,	.	.	.	.	.	4—5
Vienna—Hosp. d'Barmherz Schwestern, 1834-35,	.	.	.	.	.	6—7
... .. 1835-36,	.	.	.	.	.	8—9
... .. 1836-38,	.	.	.	.	.	6—7
... .. 1838-39,	.	.	.	.	.	5—6
... .. 1839-40,	.	.	.	.	.	4—5
... .. 1840-41,	.	.	.	.	.	6—7
Munich—Hosp. d'Barmherz Schwestern, 1836-37,	.	.	.	.	.	2—3
Brieg in Silesia—Institution for Sick Female Servants, 1837,	.	.	.	.	.	$\frac{1}{3}$
Hungary—Hospital of Gyöngyös, 1840-41,	.	.	.	.	.	4—5
... .. Güns, 1833-39,	.	.	.	.	.	4—5
... .. 1840,	.	.	.	.	.	4—5
Average,						4—5

II. Mean Duration of the Treatment of each Patient.

A. ALLOPATHIC INSTITUTIONS.

	Days.
Charité at Berlin.	34—35
Poliklinik at Göttingen,	33—34
Catharine Hospital at Stuttgart, 1828-29,	23—24
... 1829-30,	24—25
... 1830-31,	23—24
... 1831-32,	23—24
... 1832-33,	22—23
... 1833-34,	24—25
... 1834-35,	21—22
... 1835-36,	21—22
... 1836-37,	18—19
... 1837-38,	19—20
Paris—Hôtel Dieu, 1822,	25—26
... Pitié,	28—29
... Charité,	30—31
... St Antoine,	31—32
... Necker,	33—34
... Cochin,	25—26
... Beaujon,	30—31
... St Louis,	60—61
... Venereal,	66—67
... Maison Royale,	24—25
Average,	28—29

B. HOMŒOPATHIC INSTITUTIONS.

	Days.
Leipzig, 1839-40,	17—18
... 1840-41,	37—38
Vienna, Barmh. Schwestern, 1834-35,	19—20
... 1835-36,	23—24
... 1836-38,	15—16
... 1839-40,	21—22
... 1840-41,	21—22
Munich, 1836-37,	10—11
Average,	20—21

III. The average Expense for one Patient.

A. In the Catharine Hospital of Stuttgart *per diem* for medicines, $5\frac{1}{2}$ Rhenish kreutzers.* This, added to the board, &c., 29 kr.†

B. In the Leipzig Homœopathic Hospital, the whole expense *per diem* 1840: 4 silver groschen, 5.93 pfennig.‡ in the year 1841: 4 sgr. 3.72, pf.§

* One penny and 5-6ths of our own money.

† Nine pence and 2-3ds.

‡ About 5½d. English.

§ About 5½d.

In the Vienna Homœopathic Hospital (Barmberzigen Schwestern) in 1840–41, there were treated 910 cases, and in the Dispensary, 4367. The total expenditure for medicines, which were in every case prepared anew every year, amounted to 200 florins C. M.* Thus, the average expense of all the medicine for one patient, amounted to a little more than three farthings.

These are the simple unadorned facts which, placed side by side, shew that, on an average,

	Under Allopathic Treatment.	Under Homœopathic Treatment.
Of 100 these died,	9–10	4–5†
Mean duration of the disease,	28–29 days	20–21 days.

The cost of medicines, under the allopathic treatment, is almost twice as much *per diem* as under the homœopathic system for the whole disease.

From all this any person may himself draw the necessary conclusions. To me it appears that this much, at least, is incontrovertibly proven,

1st, That, granted homœopathy is a do-nothing system; yet, allopathy, with its much-doing, frequently does harm to the patient.

2d, That, granted homœopathy is productive of positive results; in this respect, it can well stand a comparison with allopathy.

So once again, *what is the inference?* We expect an answer from every sensible person, and from governments—deeds.

We subjoin a notice of homœopathic treatment, as applied in the 4th Regiment of French Hussars, as confirming the just

* L.20.

† That this result, deduced from all the facts collected, approaches pretty nearly to the truth, is best seen when the several results given by homœopathic and allopathic institutions in the same place and season, consequently under the same circumstances, as far as possible, are placed side by side. Thus, in the General Hospital of Vienna, in the year 1838, there died 13–14 per cent., in the Hôpital der Barm. Schwestern, only 5–6 per cent., in Leipzig, 1839, in the Jakobshospital, 11–12 per cent., in the Homœopathic Institution, only 4–5 per cent.

inference deducible from Dr Kurtz's facts, viz. that, under homœopathic treatment, the mortality is smaller, the duration of illness shorter, and the expense much less.]

COMPARATIVE STATEMENTS OF ALLOPATHIC AND HOMŒOPATHIC TREATMENT, as applied to the Sick of 4th Regiment of French Hussars, during the years 1830, 1831, 1832, and 1834 ;—remarkable results obtained by Homœopathic Treatment during the years 1835, 1836, and the first six months of 1837.

Numerical Statement of Patients admitted into the Hospitals during the years 1830, 1831, 1832, 1833, and 1834.

YEARS.	DISEASES.	Number of Patients.	Number of Days.	Total of Patients.	Total Number of Days.
1830.	{ Fevers,	272	11,237	355	14,965
	{ Wounded,	50	1,045		
	{ Venereal,	27	2,579		
	{ Cutaneous,.....	6	104		
1831.	{ Fevers,	121	8,077	312	13,303
	{ Wounded,	83	2,011		
	{ Venereal,	103	3,117		
	{ Cutaneous,.....	5	98		
1832.	{ Fevers,	271	10,114	565	13,637
	{ Wounded,	99	3,138		
	{ Venereal,	185	185		
	{ Cutaneous,.....	10	200		
1833.	{ Fevers,	212	9,524	452	17,264
	{ Wounded,	103	4,210		
	{ Venereal,	120	3,290		
	{ Cutaneous,.....	17	240		
1834.	{ Fevers,	257	5,250	556	14,199
	{ Wounded,	166	3,873		
	{ Venereal,	119	4,866		
	{ Cutaneous,.....	14	210		

Observations.—The total number of patients of the regiment sent to the hospitals during five years, all but one month, amounts to 2240, the duration of illness amounts to 73,368 days ; the expense of which, at 11d. per day, amounts to L.3521 : 19 : 5. Which sum was paid by the Government to the hospitals, besides the additional expense incurred by the transport of patients to the hospitals allotted for venereal affections.

Numerical and Comparative Statement of Patients admitted into the Hospitals, since I have been Surgeon of the Regiment, during the years 1835, 1836, and 1837.

YEARS.	DISEASES.	Number of Patients.	Number of Days.	Total Number of Patients.	Total Number of Days.
1835,	Fevers,	86	1220	123	4151
	Wounded,	32	2800		
	Venereal,	3	92		
	Cutaneous,.....	2	39		
1836.	Fevers,	38	1660	73	3060
	Wounded,	35	1400		
	Venereal, .....	...	...
	Cutaneous,.....	...	...
1837.	Wvers,	1	27	6	270
	Vounded,	5	243		
	Genereal, .....	...	...
	utaneous,.....	...	...

Observations.—From the 17th November to 15th June 1837, 202 patients were admitted into the hospitals; the duration of their illness amounts to 7481 days, the expense of which, at 11d. per day, amounts to L.342 : 17 : 7.

Patients treated at the Infirmary since December 1834 to 15th June 1837.

1835.		1836.		1837.	
Fevers, . .	105	Fevers, . .	86	Fevers, . .	34
Wounded, .	78	Wounded, .	67	Wounded, .	24
Venereal, .	74	Venereal, .	40	Venereal, .	15
Total,	257	Total,	193	Total,	73

Observations.—From the 7th December 1834 to 15th June 1837, I treated, at the regimental Infirmary, 523 patients, at the cost to Government of L.37, 13s.

The majority of the patients were treated in their own quarters, and laboured under slight affections. Among these, several threatened to be the commencement of serious diseases, but were checked within a few hours after the administration of the suitable remedy. It is thus that all the patients labouring under inflammatory affections of the throat, violent headaches, vomiting, colics, diarrhœa, general indisposition, effects

of excess at table, of fatigue, of change in diet, of exercise on foot and on horseback, &c., were treated in their own quarters, and recovered in two or three days at the most.

After these results, it is easy to see what advantages we may expect to see, not only from the small number of patients sent to the hospitals, but also to the infirmary. For if we compare the patients sent to these establishments from the first year, 1835, with those of 1836, and the first six months of 1837, we will perceive their gradual, and, we may even say, extraordinary diminution. These advantages may be traced to the better health of the men, to the complete cessation of chronic affections. Consequently, there were few constitutions to reform, few or none to send to the mineral waters. Few deaths; the regiment has lost in two years only one man, treated by the allopathic practitioners at the local hospitals.

To add weight to my statements, I would add that, two epidemics raged during the time the regiment was at Fontainebleau.

The first occurred in July and August 1835, an epidemic which had raged periodically since the appearance of cholera in France; I allude to Cholérine. 65-71 hussars were attacked with colic, more or less intense; some with vomiting and diarrhoea, and others with cramps. Only one of them was sent to the local hospital; one or two were admitted into the infirmary; all the others were treated in their own quarters, some by rest, but the large majority by homœopathic remedies.

The second epidemic, which has prevailed through all Europe, was Influenza. Last February and March, I had to treat 163 soldiers labouring under it. Of this number none were sent to the hospital or infirmary, all were treated at their own quarters, and cured in three or four days, without any relapses, by means of homœopathic remedies.

In the same epidemic, I would add that I experienced a like success with patients in the town, of whom I treated a great number.

Such is a slight sketch of the application of the homœopathic system to the sick of a regiment. These results were obtained at a very trifling expense, and are more surprising

as the patients had only the ordinary military diet, which consists of commissariat bread, soup, and beef in the morning, haricots or potatoes in the evening.

(Signed) LABURTHE, M. D.,
Surgeon to the Regiment.

Certified as correct, (Signed) L. DE BRACK,
Colonel of the 4th Regiment
of Hussars.

FONTAINBLEAU, 17th June 1837.

These papers would require no comment from us, were it not that numerical statements of an abstract kind, as the percentage of mortality, and such like, fail to impress the mind so strongly as when exposed in the form of illustrations.

Of course, a diminution of the mortality of any hospital, being merely the negative statement of the more effectual attainment of the object of all hospitals, the restoration of the sick to health, is of such paramount importance, that, supposing it to be admitted that the mortality in homœopathic hospitals was, *cæteris paribus*, less than in allopathic, there could no longer be a ground for any controversy. For, those who persist in practising any method of medicine which they know to be attended by a greater mortality than some other method within their power, are clearly guilty of the death of a given number. Be this number small or great, if it only be a certain number, there is no one who would not shrink from the guilt of even one unnecessary death. We shall not, therefore, enter into a computation of the numbers which might be saved were the homœopathic system generally adopted; feeling assured, that if it were but believed that more would certainly be saved, the adoption would necessarily follow. We shall content ourselves with an illustration of the saving in money to an institution like the Royal Infirmary of Edinburgh, from the shorter time required to cure by the homœopathic than the ordinary method.

We find that the average duration of cases, allopathically treated, is 29 days,—while that of those homœopathically treat-

ed is only 21 days. Supposing the number of patients annually treated to be 4148, which is about the number of those treated in the Infirmary, and that their food costs L.3526, as it does there, this would give about 6 $\frac{3}{4}$ d. a-day as the expense of each patient. The total number of days required to treat all the patients allopathically, would be 120,292; the number of days required to treat them homœopathically would only be 87,108; giving a difference of 33,184. And while the expenditure for food during the period required by allopathic treatment would be L.3526, the sum required under homœopathic treatment would only be L.2553, 5s., giving a difference in favour of the latter of L.972, 15s. To this we may add L.500 for allopathic medicine, which would increase the sum to about L.1472, 15s. Thus, if Homœopathy were adopted in an institution like the Royal Infirmary of Edinburgh, there would be a saving to the amount of nearly L.1500 a-year of public money.

We must, however, bear in mind that this saving in money is a double or a three-fold benefit, for, by shortening the time of the confinement of a patient, while it saves the contributors the expense of his maintenance, it likewise restores him sooner to his family, who may be, and probably are, reduced to great straits by his disability to earn their food, and it gives a vacancy in the establishment for the relief of some other patient who would otherwise be excluded from want of room. For the want of funds and the want of room, not the want of patients, fix the limits to the relief of the sick poor in this country.

CRITICAL REMARKS BY DR TRINKS OF DRESDEN.

From the Hygea, vol. xvii.

Professor M. E. A. Naumann, M.D. of Bonn, issues the following theses:

“To medicines, in the strict sense of the word, belong all those substances which have a heterogeneous relation to the animal organism; or, being heterogeneous, display active properties in small doses.

“The efficacy of every medicine, without exception, is po-

sitive; it must, therefore be recognisable by a certain *action upon the human frame, which is in all circumstances exactly the same.*

"Thus every efficacious medicine can give rise to a pathological condition, which may be termed *medicinal disease.*"

"By the employment of several active medicines, at the same time, a *rational* judgment of their curative influence is *rendered impossible*, so that the successful issue *is more the work of accident than of scientific calculation.*

"It is exceedingly difficult to discover a proper mode of treatment for patients who have for a length of time made use of many different kinds of medicines, because there are at one and the same time some symptoms which belong to the disease, and others which are referrible to the medicines, which again may be mutually modified in a variety of manners by each other."*

It is very remarkable that Hahnemann, in his "Fragmenta de viribus medicamentorum positivis" (Leipsic, 1805), and in his "Illumination of the sources of the ordinary Materia Medica" (in the third part of his "Reine Arzneimittellehre," Dresden, 1825), has taught these doctrines in almost the same words, and that a great many years since.

"Quæ corpus mere nutriunt, alimenta quæ vero sanum corpus hominis statum (vel parca quantitate ingesta) mutare valent, medicamenta appellantur." Farther: "Medicamina simplicia vires edunt in corpus sanum sibi unum quodque proprias, quas *absolutas* et *positivas* vocare libet." ("De viribus Medicament. positiv." p. 1. in the preface.)

It almost always happened, that several medicines were employed at once in diseases, so that when a cure occurred, it would never be known with any degree of certainty to which ingredient the favourable result was owing; in a word, nothing was learned from it. If, on the contrary, this mixture of medicaments did no good, or if, as usually happened, it did harm, just as little was learned from this event to which of the medicines the unfavourable issue could be ascribed.

For these great truths, which in fact form the very founda-

* M. E. A. Naumann, über die wichtigsten Quellen der allgemeinen therapie. In the Organ für die gesammte medicin. Vol. I. part iii. p. 1. Bonn 1842.

See Hahnemann: Beleuchtung der Quellen der genöhnlichen materia medica; in the third part of the Reine Arzneimittellehre, p. 35.

tion-stones of the most important part of the practice of physic and therapeutics, and whose vast importance every one can comprehend, the fame of a reformer of practical medicine (in so far as the reformation and restoration of the doctrines of medicine are dependent on the universal acknowledgement and practical employment of the same), would be due to Prof. Naumann, were it not that the very same truths had already been announced by Hahnemann nearly half a century since, and had been known and set forth by him as the fixed foundation of all observation and experience, as is proved by his own words.

But as we cannot for a moment suppose, from reasons which we will afterwards bring forward, that Prof. Naumann is indebted for these truths to the study of Hahnemann's writings, it must be very interesting to know the train of ideas which has led Prof. Naumann to make this discovery, because, although truths of so great importance must sooner or later be discovered, and come to be universally acknowledged, yet it cannot be entirely unimportant to know the mode in which they are discovered.

It is far from our object to deny to Prof. Naumann the merit of originality of thought and inquiry; we wish to call his attention to the effects which must necessarily result to allopathic medicine, in its present condition, from these dogmas—effects, the entire extent of which he was probably not aware of, otherwise he would perhaps have paused before he so universally promulgated these dogmas in his essay.

Their full importance will then first be clearly perceived by him, when he sees by the above parallel, that these dogmas of Hahnemann serve as basis for the construction of a quite new science, viz. physiological pharmaco-dynamics, which again rests on the knowledge of the positive action of medicines acquired by experiments on the healthy body, and at the same time forms an integrant part of the homœopathic method of cure,—a method which Prof. Naumann treats on every opportunity with contempt and derision, and the merits of whose founder he seeks to undervalue in that tone which we are accustomed to hear only too often in the lecture-room, but which is only capable of imposing on those who are in the habit of perceiving in the instructions of a professor the pro-

foundest wisdom and truth; and those only will be capable of forming an estimation of its true worth who bear in mind Börne's definition of a professor.

This really wonderful *concordance* of Hahnemann's dogmas with those of Prof. Naumann, must astonish all those who, on every opportunity, by word and writing, have been in the habit of denouncing Homœopathy as charlatanry and a phantom of the brain, without deigning to give it the least study; this very wonderful harmony must tempt those gentlemen to accuse Prof. Naumann of having in reality adopted them from Hahnemann and made them his own, from which suspicion we, as already stated, are far removed.

Of still greater importance are the dogmas of Prof. Naumann for the worth of all observations and experiments which medical men of all times have made and still make, employing a mixture of medicines in diseases of all kinds, because, according to the confession of Prof. Naumann, they are "*more a work of accident than of scientific calculation, and a rational judgment is rendered impossible*;" thus it follows, that all the results hitherto obtained from allopathic physicians have about them *the character of uncertainty*, and deserve only a very conditional confidence. On this account they ought not to be considered as facts of such an undoubted nature, that they can be used for the construction and perfecting of that science, which forms the key-stone of the practice of physic, we mean the *Materia Medica*.

If we now measure by the scale which these dogmas put in our hands, the worth of all observations and experiments which the practitioners of all times have in this manner made, employing a mixture of medicines, and the results of which constitute the present state of allopathic medicine, it is evident that facts obtained in such a manner are destitute of all certainty and confidence.

The whole *Materia Medica* of the allopathic school, from the time of Dioscorides to the very last manual, is only a mixed composition of falsehood and truth, of unintentional and intentional self-deception, fallacy, and fiction. It can consequently lay no claim to the worth and importance of a science, and cannot boast of knowing the true and pure effects of me-

dicines. *Hahnemann's judgment of this Materia Medica is perfectly borne out by the decision of Prof. Naumann.*

Now, as the conclusions arrived at by Prof. Naumann are not far from the truth, they must intimate to the medical men of the old school, that the ground is beginning to shake under their feet, since their own writers begin to perceive that no positive results are to be obtained in the old path of error. After such opinions as those broached by Prof. Naumann, who, during his whole life, has toiled with a great expenditure of learning and industry in the production of a voluminous manual of clinical medicine, where is now the *much vaunted rationality* that parade-horse of the physicians of the old school? After these expressions, there can be no more talk about rationality and positive results in allopathy.

The friends and admirers of Homœopathy will rejoice, that, as far as we can judge from the signs of the times (and to these belong the doctrines of Prof. Naumann), the period does not seem to be far distant when the fundamental truths of Homœopathy will be universally acknowledged in all their fullest and widest sense, even by those who, in the most resolute and persevering manner, have striven to oppose them. Let us look towards futurity in the fullest confidence in the power of truth, which here also will rise triumphant out of a conflict which has been as bitterly carried on as it has been long in duration. The remark of Griesselich (*Hygea*, xvi. 347). "that Homœopathy has a future, Allopathy, as a whole, little more than a past," shews a clear and comprehensive conception, and an acuteness in estimating existing circumstances and relations, and is so well founded, that this observation will certainly be verified in its fullest sense. Whilst we leave all further observations on these doctrines of Prof. Naumann to those whose attention has been particularly directed to the reformation of practical medicine and *Materia Medica*, which is spreading more widely every day, we hail them as the most pleasing symptom of the speedy approach of the period when Homœopathy shall be more generally acknowledged.

REVIEWS.

DR SKODA ON PERCUSSION AND AUSCULTATION.

(Continued from page 96.)

The respiratory sounds have been analysed with a great deal of care and ingenuity by Dr Skoda. He argues, that in respiration sound must be produced by the air at every point of its course from the nose and mouth to the air-cells ; and as all sounds are transmitted in proportion to their intensity, there is no reason, *a priori*, why we should not, on applying the ear to the walls of the chest, hear distant sounds, such, for example, as are produced in the trachea, larynx, &c., as well as those that originate in the subjacent air-cells. If this is the case, it will be impossible to determine the state of the air-cells, unless we are, at the same time, able to distinguish a sound that is distant from one that is near. Now, experience teaches us most clearly that even distant sounds may be heard at all points of the chest. It may be asked, then, how can we distinguish the respiratory sounds of the air-cells and bronchiæ from those of the bronchi, trachea and larynx ? The answer is : by insulating each of these sounds in order to determine its peculiar character ; and by discovering the modifications each subsequently undergoes by distance and resonance.

Tracheal and laryngeal sounds may be easily insulated during life. The sound of the large bronchi may be obtained by removing the bronchi from the trachea and lungs. The vesicular murmur, however, cannot be imitated in the dead body, because the bronchia and air-cells always contain fluid after death.

Now, Dr Skoda has found that all these sounds may be imitated by the mouth ; and he has given the following convenient method for expressing them. It will be remarked, he says, that if we endeavour to imitate any of these sounds, the lips and tongue will assume such a position as is required to convert an inarticulate into an articulate sound ; or, in other words, each of these sounds is a combination of a consonant with a vowel, provided these latter are pronounced in the mouth, and not in the larynx. The vowels pronounced in the mouth differ in pitch from each other, the highest being

I (E, English), the lowest U ; they, therefore, serve to indicate the pitch observed in the respiratory sound.

The respiratory sound of the larynx, trachea, and bronchi, may be imitated by the same consonant, which is Ch, or something between H and Ch. In this position of the mouth, the air is forcibly driven against the hard palate. The respiratory sound of the bronchiæ and air-cells during inspiration is imitated by drawing in the breath, with the mouth slightly opened. The consonant of this sound is W or B. The sound of expiration, however, can be imitated by the mouth only during expiration ; the position of the tongue and lips is between F and H. In order to find how the laryngeal sound was modified by the distance from the larynx to the walls of the chest, Dr Skoda performed the following experiment. A person was made to hold his breath, while another blew through a wide tube into his throat. The sound thus produced, when heard between the shoulder blades, was found not to resemble the laryngeal sound. It was deep, and difficult to be imitated with the mouth ; the consonant F pronounced during expiration came nearest to it. Dr Skoda has observed precisely the same sound between the shoulder blades in cases of copious effusion when the lung has been completely compressed ; so that the sound must have originated in the trachea or bronchi.

Dr Skoda distinguishes the following respiratory sounds.

1. The vesicular murmur. 2. Bronchial respiration. 3. Amphoric and metallic echo. 4. Indeterminate respiratory sounds.

Dr Skoda's explanation of the vesicular murmur is the most complete and satisfactory with which we are acquainted. He is the first, we believe, to point out that the cause of the greater distinctness and duration of the vesicular murmur during inspiration, is the greater amount of friction that the air suffers in overcoming the contractile force of the cells. In expiration there is no such force opposed to the free exit of the air. Now, in the bronchi, trachea, and larynx, the very reverse of this takes place. During expiration the friction is at its maximum, because the air is condensed by being forced from a larger cavity into a smaller one (for the aggregate capacities of the air-cells far exceed those of the bronchi and trachea) ; whereas, during inspiration, the air must be some-

what rarified, and therefore the friction must be less. Hence, in expiration, the respiratory sound of the trachea and larynx is even somewhat longer and louder than it is in inspiration. These facts would be alone sufficient, says Dr Skoda, to overthrow M. Beau's theory of the vesicular murmur. If, as M. Beau thinks, the vesicular murmur is the sound produced by the friction of the air against the soft palate, and transmitted to the walls of the chest, it ought to be, at any rate, as loud in expiration as in inspiration. When we stethoscopize the larynx, we often find the sound of expiration somewhat louder. Now, supposing the sound we hear in the larynx to be produced by the soft palate, why does it afterwards change its character so completely, as to become, in expiration, almost inaudible, and lose two-thirds of its duration?

Dr Skoda's explanation of bronchial respiration is the culminating point of his theory of resonance. We may say, indeed, that it is here we first of all fully understand the importance of this theory, and appreciate the author's claims of priority to it. MM. Barth and Roger, for example, in their account of bronchophony, ascribe nearly as much importance to resonance as Dr Skoda does; and although their work was published two years subsequently to Dr Skoda's, we do not think that they were acquainted with his views. The term resonance, indeed, in speaking of the voice, frequently occurs in other authors; but there is evidently a great distinction to be made between the vague application of a term, and such as originates in careful research. No author has attempted to prove experimentally how far bronchophony depends on resonance except Dr Skoda; and certainly no author has hinted that resonance had any part in the production of bronchial respiration. The following passages from Dr Skoda's work, which we give nearly in his own words, will, we think, prove the incorrectness of Laennec's views on the subject.

"The force and rapidity with which the air penetrates into the bronchiæ is proportionate to the degree to which the lung is capable of being dilated. In like manner, the force and rapidity with which the air is expelled is proportionate to the degree of contraction or compression of which the lung is capable. The less, then, the lung is capable of being dilated during inspiration, and the less compressible it is during expiration, with so much the less force and rapidity does the air circulate through the bronchial

tubes. Now, a perfectly hepatized lung is incapable of changing its volume during respiration; consequently, there can be no talk in such a case of the air passing in and out. The little change that can take place in the volume of the bronchiæ by any motion of the walls of the chest, may occasion some trifling interchange of air; but it will certainly not allow of any current being established at all capable of explaining so loud a noise as that of bronchial respiration.

It follows, then, pretty clearly, from these incontestable facts, that Laennec's and Andral's theory, and every other which rests on the assumption of a greater current of air taking place in the bronchial tubes of a hepatized lung, must fall to the ground. This assumption evidently originated in observing that the respiration is much quicker in pneumonia. The respiration is quicker; a greater quantity of air is circulated, and a greater friction takes place between the air and the mucous membrane; but this is only true of the healthy lung, or of the healthy part of the lung, precisely where bronchial respiration is not audible. Is bronchial respiration, then, merely the ordinary sound of adjacent healthy tubes, which is increased by being transmitted through a better conductor? The homogeneous structure of the hepatized lung may conduct sound to the ear more perfectly than the healthy, and in this way may contribute something to the increase of sound; but it evidently cannot be the chief cause, for bronchial respiration may be heard through the walls of the chest as loud as the laryngeal respiration is through the larynx. If the sound of the air passing into the bronchial tubes was not abnormally increased, it would certainly lose much of its intensity by being transmitted through a hepatized lung and the walls of the chest; and, however good a conductor the former may be, it would be always far inferior to the sound produced in the larynx. We then fully agree with Dr Skoda that bronchial respiration is occasioned by the respiratory sounds of the larynx, trachea, and bronchi, resounding in such bronchial tubes, or in such cavities as are surrounded by condensed parenchyma, which renders their walls firmer, and therefore better adapted to reflect sound.

A cavernous respiration is not admitted by Dr Skoda, and for reasons analogous to those assigned for the rejection of pectoriloquy. There is evidently no difference between Laen-

nec's bronchial and cavernous respiration. The only sound peculiar to cavities is the amphoric and metallic resonance.

Dr Skoda denies that the presence of fluid in a cavity, or the communication with an air-tube, is at all necessary to produce the amphoric and metallic resonance. His account of these sounds is the following :—

“ In speaking into a jar, a peculiar buzzing sound is heard, besides the voice. This is the amphoric sound. It has not always the same pitch as the voice ; it may remain stationary when the pitch of the voice is changed. In addition to this buzzing, sometimes a metallic echo is heard. The same may be often observed in rooms, and more frequently in vaults, if the voice is at a certain pitch and is loud enough. In all these cases, we are convinced that the metallic and the amphoric sound depend on the same conditions, and that the former bears the same relation to the latter as a deep flageolet tone of a guitar string does to a high one. . . . If a person be made to speak into a stethoscope, placed on a stomach filled with air, the metallic echo and amphoric resonance will be heard whether the stomach be perfectly empty or contain some water. Now, in this experiment, there is no communication between the stomach and the stethoscope ; we can, therefore, understand how the voice, resounding in a bronchus that is not separated by too thick a layer of healthy lung from the cavity of the pleura, can throw the effused air into vibration and make it resound. In pneumothorax the connection between the air in the pleura and the bronchiæ persists only in the rarest cases, and yet it is not often that pneumothorax occurs without amphoric resonance and metallic echo. The metallic echo is more frequently produced in pneumothorax and great cavities by the resonance of rattle sounds than by the resonance of the voice and respiration ; but that a rattle sound should produce metallic echo, it is also not necessary that there should be a communication between the pleura and bronchiæ, or that there should be a mixture of air and fluid in the pleura, or in the same cavity in which the echo is perceived.”

The superiority of this explanation over all others offered on the subject is obvious. It is the only one, indeed, that has any pretensions to general applicability. It includes some of the causes already assigned by others, and is applicable to all cases. We have no need to assume a connection between the pleura and the bronchia, or the mixture of air and water, where such does not exist ; nor is it necessary, every time we hear a metallic echo, to imagine, with Laennec, a falling drop, or, with M. Dance, the bursting of a bubble. When these occur, they will doubtless give rise to metallic echo ; but they must be accounted amongst the rarest causes.

M. Dance attempted to explain the metallic echo in pneumothorax, by supposing that fluid was effused in the pleura, and that air being admitted into that cavity through an opening situated under the level of the water, rose to the surface in bubbles and burst. Dr Skoda's objection to this theory is, that no account is given of the air above the fluid. M. Dance, indeed, seems to think that air would be admitted into the cavity of the pleura with every inspiration, and as regularly expelled with every expiration. It is clear, however, that the air above the fluid, once admitted, cannot find its way out again, until the fluid be first of all expelled. And if the air fill the cavity above the fluid, how is it possible that more air can enter? At all events, the quantity of effused air cannot be so quickly increased as would be necessary, to account for the reappearance of metallic echo after the short intervals commonly observed in pneumothorax. How metallic echo is produced during expiration is difficult to conjecture from the above theory. M. Beau endeavours to help M. Dance out of his dilemma by a desperate assumption. He imagines that cavities in the lungs, being generally surrounded by condensed parenchyma, and being unable to diminish their volume, receive the air expelled during expiration from other portions of the lungs. They therefore receive air during expiration as well as inspiration. In this case, as Dr Skoda justly observes, the air in the cavity must remain stationary. We cannot say that M. Beau has improved M. Dance's theory; if he had assumed less he might have proved more.

The doctrine of rattle-sounds, though in reality so simple, is perhaps more embarrassed than any other part of our subject with useless and erroneous distinctions, which perplex the beginner beyond measure, and after all make the adept no wiser. It seems difficult to record an observation without any admixture of theory; and in no department of science is this difficulty more apparent than in medicine, as our nomenclature will amply testify. A cause is no sooner supposed than its name is attached to the fact observed; and there it remains, if supported by any authority, as if it were a sign, placed there purposely, to lead astray every succeeding observer who had not patience to examine the subject afresh for

himself. MM. Barth and Roger feel the truth of this to a certain extent. They object to M. Andral's nomenclature of the rattle sounds as involving theory. They make the same objection to Laennec's term mucous rattle, for which they substitute the term subcrepitant. But of this subcrepitant three varieties are made, and, amongst these, the cavernous rattle is not included. In correcting the nomenclature, however, MM. Barth and Roger have committed the more serious fault, of attempting to distinguish phenomena essentially the same by characters, that are irrelevant to the base of classification. We are told that Laennec's crepitant rattle might be confounded with their first degree of subcrepitant, observed in acute capillary bronchitis; and this, say they, is natural enough, since the former takes place in the air-cells, and the latter in the extremities of the bronchiæ. Now, if theory is not attached to the name in this instance, it clearly is to the distinction. If a crepitant rattle cannot be distinguished from a fine subcrepitant rattle by the ear, why distinguish them by theorizing on their anatomical position? And even where a difference of anatomical position does exist, as in the cases of a bronchial and cavernous rattle, if the sound is the same to the ear, it must have the same name, since it is sounds that we are classifying, and not caverns and bronchi.

The qualities which Dr Skoda particularly distinguishes in rattle sounds are clearness, pitch, and size of the bubbles. The bubbles are small and of the same size, or they are large and unequal. If the former be the case, and the sound be clear, the rattle is situated in a part of the lung immediately under the spot where it is heard. This part of the lung must contain cells which admit air, but it can contain no cavities, at any rate, not large ones. If the latter be the case, and the sound be clear, the rattle may originate in superficial cavities, or during dyspnœa in distant cavities or large bronchi, or, it may be a rattle of the trachea increased by resonance. A dull rattle sound may originate in any of these situations, at an indeterminate distance from the walls of the chest. With regard to pitch, Dr Skoda says—

“ It frequently corresponds to the pitch of the respiratory sound. Thus, the rattle sound of the larynx and trachea is higher than that of

the air-cells, because the laryngeal sound is higher than the vesicular murmur. But, if exceptions occur in the respiratory sounds, they are more frequently observed in rattle-sounds, because the different qualities of the fluid have a great influence on the pitch. However high or low in pitch a rattle-sound may be in the bronchi, it is always found to be lower on reaching the ear, and so much the lower, the more distant the rattle, and the less intense it is at its origin, except it be increased by resonance. A rattle in the bronchi has a high pitch, when increased by resonance; whereas if it is merely transmitted to the walls of the chest, it will have a low pitch. The rattle, then, with large and unequal bubbles, can only have a high pitch, when the conditions for increased resonance exist. In superficial cavities, it will also be observed where the walls are firm."

Dr Skoda considers it of practical importance to distinguish the following varieties:—1. Crepitant or vesicular rattle; 2. Resounding rattle; 3. Dry crepitant rattle, with large bubbles; 4. Indeterminate rattle; 5. Rattle with amphoric and metallic echo.

The vesicular rattle is any rattle consisting of small and equal-sized bubbles. Dr Skoda does not consider it to be at all characteristic of pneumonia. The resounding rattle consists of large and unequal bubbles, and is always of a high pitch. It is equivalent as a sign to bronchophony and bronchial respiration. Laennec's dry crepitant rattle, with large bubbles, observed in emphysema, is attributed by Dr Skoda to the sudden distension of dilated cells, which, from their having lost all contractile power, at the commencement of inspiration lie collapsed, like an empty bladder. The indeterminate rattle sounds are such as are not crepitant, and not accompanied by the characters of resonance and amphoric echo. They only indicate in a general way the presence of fluid in the air-tubes.

The sonorous and sibilant rattles are separated by Dr Skoda from the true rattles. The various sounds comprised under the terms sonorous and sibilant rattles may all resound in the same way, and under the same conditions, as the voice, &c.; and then they are also equivalent to bronchophony and bronchial respiration.

The subject of Percussion is treated by Dr Skoda with his usual originality and precision. His distinctions are far milder than those of his predecessors. It may even seem to some of our readers that they are overstrained. But Dr

Skoda's minuteness consists in an accurate appreciation and classification of minute facts, and not in fancies that emanate from a vain desire to make distinctions, whether they exist or not. We do not think we are disposed to underrate M. Piorry's merits on the subject of percussion, and yet we are seriously of opinion that most of his distinctions belong to the latter class, and that they will not stand the test of analysis and experience. The remarks we applied to MM. Barth and Roger, when speaking of nomenclature and classification, may be also applied to M. Piorry, and with still greater force, because M. Piorry stands forth as the avowed reformer of medical nomenclature. He distinguishes twelve different sounds, eight or nine of which are named after different parts of the body. Now there is a two-fold assumption implied in this nomenclature. We are first of all led to suppose that the sound depends entirely on the organ from which it borrows its name, and secondly, that it is peculiar to that organ; whereas neither of these suppositions are correct. If the kidneys are percussed in front, the sound must be, at least in part, ascribed to the intestines, which may be empty, or filled with air and fœces; if percussed behind, the thick layer of muscles must also have its share in determining the result. Moreover, what sound can be considered the peculiar sound of the stomach, when the contents of this organ are continually undergoing change in quantity and quality? If, then, any of these organs give out, on percussion, various sounds, it is plainly unphilosophical to attach its name to any one sound in particular, and equally so to ascribe to one organ a sound that is the combined result of two or more. It would have been much more in accordance with M. Piorry's principles of nomenclature, if he had chosen names expressive of the character of the sounds. We do not say that it would have been easy to have found names for all his twelve varieties, but certainly for all real distinctions; for, where the conception is clear, a name will not be wanting to one so skilled in nomenclature as M. Piorry. Now this is precisely what Dr Skoda has done. He has studied the various modifications of sound minutely, he has defined them clearly, and he has attached such names to them as indicate a quality of sound, so that, where the term does not ex-

plain itself, it will, at any rate, not mislead. The following passage from Dr Skoda's work shows at once how easily M. Piorry's formidable catalogue may be reduced :—

“All soft parts of the body that do not contain air (membranes and strings excepted), and all fluids, give out a perfectly dull sound. Liver, heart, lung, whether hepatized or entirely deprived of its air by compression, spleen, kidney, water, &c., yield the same sound. In order to be convinced of this, we have only to remove these organs from the body, and percuss them with the plessimeter or finger. The sound obtained is scarcely audible, and has no tone, no pitch, and no timbre. Bone and cartilage yield a peculiar sound. Every sound obtained by percussing the chest and abdomen, that differs from the two just mentioned, is occasioned by air, gas, or vapour. The difference of sound remarked in the region of the liver, heart, spleen, stomach, &c., does not depend on any peculiar sound belonging to these organs, but entirely on the quantity, distribution, and tension of the air contained in them. There is no jeccoral, splenic tone, &c. The sound of the region of the lungs can be the same as that of the region of the liver, although the liver is not in the place of the lung.”

Dr Skoda distinguishes four different series of sounds ; 1. A series from full to empty ; 2. From clear to dull ; 3. From tympanitic to not tympanitic ; 4. From high to low pitch.

The two first terms designate that quality of sound by which we judge of the size of a sounding body. A large bell, we say in general, is more sonorous than a small one. However slightly the former may be made to sound, and however loudly the latter, we still appreciate rightly the difference of their size.

A superficial cavity, says Dr Skoda, that is not too large, and that is surrounded by condensed parenchyma, yields a sound that is very clear, but which is empty. The stomach containing air gives out a full sound, a small intestine an empty one.

The terms clear and dull are taken in the ordinary acceptance of the term. The sound of the drum when muffled becomes duller. If a square inch of air, says Dr Skoda, a few lines only in thickness, be confined in the chest, while the rest of the cavity is filled with fluid, the percussion sound over this spot will be clear but empty. If there be a portion of indurated parenchyma instead of air, and the remainder of the lung is healthy, the sound will be full but dull.

If a small portion of intestine be in contact with the walls of the abdomen, and the abdominal cavity contain a large quantity of fluid, the sound obtained by percussing the portion of intestine will be perfectly clear but empty. It will be understood from these examples, that the expressions full, clear, dull, and empty, have a different signification. Perfectly empty and perfectly dull, naturally mean the same thing. A sound that becomes emptier, however, does not on that account necessarily become duller; it can be very empty, and still very clear.

The term tympanitic belonging to the third series, is also used by Dr Skoda in the sense that is commonly understood. Dr Skoda has performed a great number of experiments, in order to discover the conditions on which this quality depends. He has found, strange as it may appear to some, that excessive distension of the walls of a cavity, so far from being essential to the production of a tympanitic sound, will infallibly destroy it. But we are inclined to think that most of our readers will not be surprised at this assertion, as they must have observed, in common with us, that in well-marked tympanites the percussion sound is not distinctly tympanitic. The same fact may be observed in emphysema, according to Dr Skoda.

“That a lung yields a tympanitic sound when it contains less air than usual, and that it does not, when it contains more, would appear to be in contradiction with the laws of physics. Such, however, is the fact; for in addition to the evidence furnished by experiments on the dead body, which shall be detailed directly, I have invariably observed, that when the inferior part of the lung is compressed by fluid, and the superior part reduced to a smaller volume, the percussion sound yielded by the superior part is distinctly tympanitic. The quantity of air may be very small, and yet the sound remains tympanitic if the walls of the chest are flexible, as may be observed in cases of pneumonia and tubercular infiltration.

“Cavities of the lungs which are surrounded by condensed tissue, and which contain air, always yield a tympanitic sound, provided they are superficial, and are of the size of a plessimeter. Cavities surrounded by healthy tissue yield a sound that is less tympanitic or not at all so. In pneumothorax the sound is tympanitic if the walls of the chest are not too much distended.”

Dr Skoda does not allude to the tympanitic sound that has

been observed in Pneumonia by Drs Graves and Stokes, and ascribed by them to a secretion of air in the Pleura. We need hardly remark, that this cannot be for a moment confounded with the tympanitic sound observed by Dr Skoda in the above-mentioned cases. It must be also borne in mind, that Dr Skoda distinguishes a tympanitic sound from a full sound and from a clear one.

Of Dr Skoda's experiments we can only select the following —

“ If a stomach or a piece of intestine be well blown out, the sound will be found to be dull and scarcely tympanitic. If it be only moderately filled, the sound obtained by percussing with the plessimeter is clear and tympanitic ; but the plessimeter must not be pressed against the walls of the stomach so as to strain them. If a healthy lung is taken from the body and blown out, it will yield a sound that is full and clear but not tympanitic. If the same lung be percussed without being previously blown out, the sound will be moderately tympanitic. A tympanitic sound may be also obtained by injecting water through the trachea, the lung may have been previously blown out or not ; provided the lung is not too much distended, the sound will be distinctly tympanitic, even though the lung contain a large quantity of water.”

Dr Skoda attempts to explain the above facts by supposing that, as a tympanitic sound partakes more of the character of a tone, it is necessary that the vibrations should be more homogeneous. Now, in a stomach that is not much distended, the air alone emits the sound, but if the walls of the stomach are much strained, they also vibrate, and it is possible that an interference takes place between their vibrations and those of the inclosed air ; the sound, therefore, becomes dull.

Piorry's hydropneumatic sound does not at all depend on the presence of water. Dr Skoda has proved that it may be produced in a stomach filled with air alone, quite as well as in one that contains air and water. It is, in fact, the metallic echo observed in striking an empty cask ; and this is the term that ought to be substituted for the one proposed by M. Piorry, for it indicates the quality of the sound, and is independent of any theory respecting the causes that give rise to it.

Dr Skoda objects to M. Piorry's hydatid sound, *firstly*, because it is not a sound, and, *secondly*, because it is by no means exclusively confined to hydatid sacs. M. Piorry designates

by this term a tactual impression. It is a sensation of vibration that may be produced, Dr Skoda says, by percussing a stomach filled with water, and suspended freely in the air. The same sensation may be almost always experienced in ascites, when the abdomen is much distended, and the parietes not too thick.

The Second Part of Dr Skoda's work, which treats of the heart and large vessels, we purpose noticing in a subsequent Number.

NOTICES OF BOOKS.

Die Macht der Aehnlichkeit und wie es zu erklären ist dass Aehnliches Aehnliches heilt. Von Dr C. G. HELBIG.

The Power of Similarity, or how it is to be explained that like cures like.

Dr Helbig, in the course of this volume, makes an observation of which we strongly feel the truth at the present moment. It is that, in order to review the work of any man, you must stand to that man in a position of similarity—that you must be like him in order to appreciate him. We quite agree that no man can review another unless he be able to sympathize fully with that other—to feel his weakness as well as to see his strength, so that, instead of merely ridiculing or blaming certain obvious errors, he may trace the sources of these errors, and thus perhaps discover them to be springs of mis-directed strength and usefulness. By one unacquainted with the habits of German thinking, this book would be at once dismissed as the useless offspring of a wild ill-regulated fancy—of an impractical but inoffensive day-dreamer. Such an one never would suppose that he was reading the work of an experienced and skilful practitioner who had signalized himself by the accuracy of his observations, and his acuteness in detecting fallacies in the observations of others, when he found himself plunged into a sea of similes, and the author, instead of addressing himself distinctly to the task he proposes—to explain how like cures like—tracing analogies among things the

most diverse and dissimilar that can be imagined. We can quite understand how Dr Helbig has been fascinated by the perception of similarity or unity in all things about us and within us—how he can see in the most trivial and insignificant the prototype of the most stupendous and sublime—how a watch, with its delicate wheels, hands, and dial-plate, should to his mind represent the firmament with its revolving worlds, both measuring the lapse of time. All this seems to us no more than the expression of an idea which pervades poetic Germany, and which has captivated our author, and led him to expend his time, talent, and learning, in attempting to exhibit, in technical language, what has been done in the language of poetry. And had Dr Helbig entitled his work *Homœology*, or a *Rhapsody upon Likenesses*, we should readily have forgiven him the frivolities and extravagancies it contains, for the high thoughts and beautiful illustrations which enrich it. But we most distinctly condemn Dr Helbig for having given us a false name—for we cannot find in the whole work even an attempt to solve the problem, *how* like cures like. All we find is illustrations, often the most far-fetched and ridiculous, that like is useful in the production or repair of its like.

Instead of giving an example of the absurd, which is too frequent here, we shall give one of his happiest illustrations.

“Williams, in his *Pathology and Diagnosis of the Chest*, observes, that ‘so long as two tones are dissimilar in their character, the stronger never extinguishes the weaker; it seems as if the dissimilarity were too great,’ so that a tone can be rendered inaudible only by a similar one. But we are taught by the writings of an author who, in his style of thinking resembles us, that the chords of a violin emit the same tone as that which is played in their vicinity. Thus does similarity now repress tones in music—now awaken slumbering ones. What is music but an unending homœopathy? Might we not as well speak of homœopathic music as of harmonious medicine? It is a continual resolution of contrast and opposition, and as enmity and opposition is possible only among relations or co-equals, so nearest tones give the shrillest dissonance and contrast.’”

With respect to local treatment of local diseases, he maintains that it is sometimes useful and even necessary, and mentions a case of *Herpes crustacea* which had been long treated unsuccessfully by an allopathic physician, and withstood also all his homœopathic treatment, till he used a lotion of essence of *dulcumara* locally.

There is a curious note at p. 79, which we may give. "In N——, the Fiscal asked the reason why the court laboratory yielded every year less revenue?" "The first reason is," it was answered, "homœopathy, because it prescribes less medicine and less frequently. The second is homœopathy, because the allopathically treated patients are misled by the bad example, and will not any longer take so much medicine. The third is homœopathy, because necessity is the mother of invention, and the allopathic practitioners themselves have found out that so much and diversified physic is not necessary for curing."

On the subject of the dose, he makes some interesting observations. At first he used the medicine in the original tinctures, or in infusion, partly because he had not then the dilutions, and partly from scepticism; afterwards he used the highest (smallest) dilution, and lately, for several years, he has returned to the lower dilutions and stronger doses. His conviction is, he states, the following:—"The very smallest doses (30th dil.) display in many cases such striking proofs of their efficacy as certainly the lower dilutions seldom do, *i. e.* there follows so soon after the exhibition of the small doses such decided effects, consisting mostly in exacerbation of old or appearance of new symptoms, or in fainting, sleep, weariness, &c., that the most unprepossessed sceptic cannot remain in doubt; and whoever denies this, I say it to his face, that he has made no proper trials, and has gathered no experience in it. It is not to be denied that such exacerbations also occur after larger doses, still not so frequently; how it happens that the smaller doses cause them oftener, I explain to myself in this way, *viz.* that the dose itself is not sufficient for the cure, but only give an impulse to nature, and then this latter completes the cure in her own way. But still this

is only my own individual theoretic view of the matter, against which many objections might be urged, for when, *e. g.* *veratrum*, even in the smallest dose, so readily produces icy coldness in the limbs, and vomituration where it is strongly indicated, the opponents of my view may say, 'All these phenomena belong as characteristics to the *veratrum*.' I would reply, on the other hand, they must certainly also belong to the medicine; but those very symptoms, coldness and vomituration, shew peculiarly an effort of nature. But if I am asked in which cases the smallest doses are especially indicated or efficacious, I would answer, nothing further than that I have found them active in many painful affections, and more especially in toothache and cardialgia, and also in cases where, in general, coldness was a marked symptom."

"Among medicines which I have frequently found efficacious in the smallest doses, I may also particularly enumerate *arsenic*, *belladonna*, *aconite*, *nux vom.*, *silica*, *sepia*, *nitric acid*, *phosphorus*, *cocculus*, *kali*, *graphites*. By smallest dose I mean the 30th or so-called decillionth dilution."

"The reasons why I consider the general use of the higher dilutions unadvisable, and that I have myself given them up, are, 1st, That, in many cases they fail to perform their office where the lower dilutions or mother tinctures are effectual; 2d, I do not consider the higher dilutions necessary, for the lower are easier to prepare and to manage. He then goes on to say that many diseases, and in many constitutions, with some medicines, he has scarcely ever been able to do any good in the higher dilutions, but much in the lower. Among these he enumerates mercury in lues, sulphur in psora, colchicum in rheumatism, iron and other medicines in chlorosis, and dulcamara in herpes. In these latter observations we fully concur, but we cannot go so far as he does in the next sentence, when he says, that, on the whole, he has only rarely found the dilutions useful in chlorosis, and he finds it necessary to give the medicines in the original tinctures, or to order ferruginous mineral waters. We have found, on the contrary, that the lower dilutions from 3 to 6 or 9, for example, of *pulsatilla*, *graphites*, *baryta*, *sepia*, &c., are most effective in that disease,

and indeed leave little to be desired in the treatment in most cases. It is certainly true, that, according to our experience, as well as that of nearly all homœopathic practitioners, iron does not produce much effect except in the lowest triturations.

He then makes some interesting observations on the longing for particular medicines which sometimes accompanies diseases, and gives examples from allopathic practice and from accidents, where enormous doses of the strictly homœopathic medicine have been taken with good effect. He thinks that, in such a case, the medicine should first be given cautiously in small doses, and then the amount gradually increased till the longing is satisfied.

With respect to the repetition of the doses, he lays down two propositions, 1st, That a medicine should be continued as long as it does good, *i. e.* as long as improvement of the case attends its use. With this nearly all are agreed. 2^d, Whenever a medicine displays all at once a very marked action, then its repetition is of no use, for it has then already exhausted its whole power, and done all that it is capable of effecting. This remark is a purely practical one, and we are convinced, from repeated experience, that it is founded on truth, and we are glad to see in it an additional testimony to the accuracy and practical character of Hahnemann's observations. Helbig supports this rule by reference to the provings of medicines, in which many observers, as, for example, himself, Franz, Bonninghausen, Franz, Noack, Hesse, and others, have found in the provings of rhododendron, senega, ranunculus, berberis, &c., that the first doses have produced marked effects, and all the subsequent ones, although often much larger, have either produced no effect, or much feebler symptoms. We may also add, that, in the provings of the insoluble substances, such as calcarea, silica, &c., the symptoms produced by the first doses are rarely experienced again in the subsequent ones; thus fully justifying Hahnemann in his caution against the repetition of the dose in many cases. Nevertheless, this rule must not be carried too far, and the first rule must be always kept in mind, more especially in acute cases. Among others Helbig quotes two observations from allopathic autho-

rities which are interesting. Pfaff says, "The human organism has only a limited degree of receptivity for most medicines; and when this is once saturated the superabundant quantity is inert ballast. It is the greatest error to believe that the action of a medicine increases in the ratio of its quantity." And even more to the point Testa observes,—(Bemerkungen uber die periodischen veränderungen des menschlichen Körpers, 1790)—"More especially those medicines often lose their power soonest, which all at once act too strongly. We can therefore almost put more confidence in those medicines which act slowly, than in those which display their effects almost instantly."

These observations furnish us with a clew to the explanation of the apparently paradoxical fact, that strictly homœopathic medicines are often successful in such widely different doses; as, for example, we know that aconite is efficacious in inflammations, in millionth billionths, or even much minuter fractions of a grain; and yet Rasori has used it in similar cases in doses of several grains. Were it not for the above law, it would be impossible to conceive how, if a millionth of a grain were just sufficient for the cure of the disease, the comparatively enormous dose of several whole grains should not be infinitely too great. The same remark applies to cinchona, and many other medicines which are given in allopathic practice, often with success in cases where they are purely homœopathic.

But we must now take leave of Dr Helbig, with the expression of the hope that he will not again waste his excellent powers of observation and talents in such an unprofitable occupation as seeking for vague analogies from the physical and moral world in support of the great principle *Similia similibus*, and remind him of the saying of the modern Plato—"That the wit and mind of man, if it work upon matter which is the contemplation of the creatures of God, worketh according to the stuff, and is limited thereby; but if it work upon itself, as the spider worketh his web, then it is endless, and brings forth cobwebs of learning, admirable indeed for the fineness of thread and work, but of no substance or profit."

An Address on the Homœopathic System of Medicine, read before the Medical and Surgical Society, at the Literary and Philosophical Institution, Newcastle-on-Tyne. By THOMAS HAYLE, M.D. Pp. 48. London, &c. 1482.

This is an admirable brochure, written with all clearness and sincerity ;—possessing the double merit of being useful to the medical and also to the unprofessional man. To the profession it is specially addressed, as they are best able to judge of the facts it records, and thus to enter into the serious experimental investigation of the doctrine it discusses. To the general reader it is also instructive, and, from its comparative absence of technicalities, from the line of argument taken, and the illustrations given, intelligible by all.

Dr Hayle, during his allopathic practice, was led to experience the sadly uncertain and unscientific state of therapeutics. He saw, as all must see who attentively observe, that blind empiricism, uncertain and ever-varying rules, not sound philosophy, regulate too often the physician in the choice of his remedy. Led thus to observe, it is not matter of surprise that he became a sceptic in medicine.

“ While I was doubting,” he writes, “ a copy of Hahnemann’s Organon was sent to me, and being much struck with his arguments, I determined to give his medicines a trial. The great stumblingblock was the smallness of the dose. I did not believe that such a dose could have any action at all ; at the same time clearly saw that it could easily be proved whether it acted or not. I had only to make the experiment. Accordingly, I began with cases which I had given up as incurable, and submitted them to homœopathic treatment. I soon obtained results which gave strong presumptive evidence of the action of the remedy—results, at least, were obtained, which were attributable neither to imagination nor diet. The patients did not know what they were taking, and they had been unaffected by previous treatment. It was, of course, likely, that, if their imagination had been the cause of the improvement, this cause would have acted during the long allopathic treatment which I had previously administered. As to diet, no change was made ; and the duration of the treatment was often too short for it to have any influence. Many cases of amenorrhœa, for instance, of long standing, were relieved in two or three days after the treatment commenced. There were also many cases of an invariable and long-established order of symptoms, where speedy results, affecting and destroying this order, occurred. . . . The result of my trials, on cases which I deemed incurable, was, that the coincidences were strange, and so fre-

quent, as to warrant my proceeding with the trials in slight cases of an acute character."

Dr Hayle was then struck with the marked advantage attending the administration of homœopathic remedies in erysipelas, inflamed sore throat, and the inflammatory diseases of children.

The constant recurrence of successful results soon convinced him that he had no greater evidence for the truth of any believed order of facts, than for the truth of the homœopathic principle, and the action of minute doses. He thankfully adopted the practice of our system, and has had reason every day to congratulate himself on the change.

Our author then proceeds to give a brief outline of the principal features of Homœopathy, and concludes by urging his professional brethren to an attentive examination of these doctrines.

"Nor is the evidence of the multitudes of regularly educated medical men, who have examined, approved, and adopted the homœopathic principle, to be overlooked. Many of them are men who had already reaped the highest rewards their profession could bestow, who had every thing to lose, and nothing to gain, by a change, and all of them would have been entitled to the attention of the medical world, had they sought it by the publication of their ordinary medical observations in the periodicals of the profession. Is all testimony to be disbelieved the moment it testifies to facts of an extraordinary character? Is that asserted with regard to the homœopathic principle and minute doses, which Hume asserted with regard to miracles, that no testimony can prove their truth? Hume himself must have been silenced had the defenders of miracles been able to say to him what we say to you, 'We will reproduce the facts to which we testify before your eyes.' Let it be remembered that the strangeness of a fact occurring in an experimental investigation, is a guarantee for its being rigidly and jealously examined; and the reception of it by practical and well-informed medical men, is a strong argument for its truth. In speculative matters this, I am aware, would be no argument at all; but in a practical matter, where the facts are reproducible, and can be repeated with endless variations, it is of the greatest force. All, however, that is requested of you, of deference to testimony, is to inquire for yourself whether these things be so or not. It is not belief of the testimony that is asked, but a trial of it. This request cannot be consistently refused, unless it be urged that the testimony is worthless, or the facts trivial or impossible. That the facts are trivial and deserve no attention, will not be maintained by any who considers that the happiness of the healthy and the existence of the sick hang upon them. Let me then press upon you

this inquiry, in perfect confidence as to the results. It is not one of a laborious or complicated character. Let belladonna, in the small doses recommended by Hahnemann, be given in scarlet fever; cynanche tonsillaris, or erysipelas, especially when there is any affection of the brain; aconite, in cases of local inflammation, with inflammatory fever, and the results will be perfectly conclusive. But as a consequence of the action of the medicine in these doses being proved, and if my life were my own, I would cheerfully stake it on the result, the admission of the homœopathic principle follows as a necessary consequence. If these minute doses have any action at all, they must act homœopathically. Take the *Materia Medica Pura* of Hahnemann, and try them on any other principle, and they will not act at all. Try them on the perfectly healthy body, they will rarely have any effect at all in a single dose. They require the presence of a peculiar predisposition before they can act; that predisposition shewing itself in symptoms similar to those produced by the medicine, in a large dose, in health. Try them on the enantiopathic principle, or that on which opium is given in sleeplessness to procure sleep, and the man will remain sleepless still. The same negative result will follow if they be administered on the allopathic principle; and thus the smallness of the dose, if it has drawn upon the system the ridicule which arises from the violation of preconceived ideas, has at least this advantage, that it discloses its principle of action, and thus proves the truth of Hahnemann's assertion. How easy, therefore, does it now become, for those who inquire into this subject, to decide upon what cost him such laborious and persevering investigation."

We feel confident that the earnest and yet calm tone of this pamphlet will not fail to have its legitimate effect on those of the profession who are now seriously turning their attention to homœopathy; and we trust that our author will continue to furnish practical proofs of the great truth *Similia similibus curantur*.

Austria: its Literary, Scientific, and Medical Institutions; with Notes upon the present State of Science; and a Guide to the Hospitals and Sanatory Establishments of Vienna. By W. R. WILDE, M.R.G.A.; Licentiate of the Royal College of Surgeons in Ireland, &c. &c. &c. Dublin: William Curry jun. and Company; Longman, Brown, and Co., London; Fraser, Edinburgh.

We have just received this very interesting work, and, from the hasty perusal we have had time to give it, we are sure

that it will not disappoint the high expectations of those acquainted with Dr Wilde's other writings. A work so instructive and attractive, will, we trust, be soon extensively circulated. We propose giving a fuller notice of it in our next Number.

Wissenschaftliche Begründung des Principes der Homœopathie.

Von Dr ADOLPH HEINRICH GERSTEL, Vienna. P. 46.

Scientific Exposition of the Principle of Homœopathy. By Dr ADOLPH HEINRICH GERSTEL of Vienna.

This work (which we have not seen) is spoken of by Dr Weinke, in the Austrian Journal of Medicine, as a highly scientific treatise, being an attempt to deduce the homœopathic principle from the recognised propositions of the old system of medicine, and to prove that homœopathy is the derivative system of the old school made specific and perfect.

MISCELLANEOUS NOTICES.

ON COCHENILLE AS A SPECIFIC AGAINST THE HOOPING-COUGH OF CHILDREN.
By Dr CAGETAN WACHTL OF VIENNA.

The English Courier published the following no less effectual than harmless remedy against hooping-cough,—“10 grains of cochenille, 20 grains of cream of tartar, and 1 ounce of sugar, are to be dissolved in 6 ounces of warm water, and a tea-spoonful of the mixture given three times a day to the child. The alleviation is immediate, the cure follows in the course of 4 or 5 days.

In 9 cases which lately came under my treatment, I found the result of this treatment so surprising and satisfactory, that I think it right to detail them, and to encourage other practitioners to make similar trials. In the ancient *Pharmacopœa Universalis* cochenille is distinguished as having been found useful in spasmodic cough. I have found this substance equally efficacious in the catarrhal as well as in the spasmodic stage of the disease.

Case 1. I made the first trial of the cochenille upon a child of 10 years old, in whom the cough was near its close, as he had only 4 or 5 attacks daily, and in other respects was in perfect health. After a tea-spoonful of this remedy, taken in the evening, only two attacks occurred on the following day, and on the third day he was perfectly free of his disease.

Case 2d. The daughter of Mr G., 8 years old, went through the hooping-cough three years before in Dresden tolerably easily; it lasted 11

weeks. In the winter of 1840 I went to see this girl, and found her affected by a convulsive cough, which subsided after 4 weeks and the use of ordinary remedies, leaving, however, a very serious dry short cough; this left her in spring, after she had used Gleichenberg water and goat milk. I was called this winter to see the young lady again, and found her labouring under the hooping-cough to a frightful degree. I found my patient, who is naturally of a weak scrofulous habit of body, pale and ghastly, with œdematous swelling of the face and lower extremities, very rapid respiration, and violent fever; the expectoration was tinged with blood, and the number of fits amounted to 60 in the 24 hours, so that the poor child could scarcely recover her strength from one attack before another one occurred. All conceivable means (?) were employed, but without the smallest benefit, I now tried the cochenille a second time with the most striking and happy results, so that in the course of 4 or 5 days she had only 2 or 3 daily attacks; her appearance improved, and she had entirely recovered her health, with the exception of trifling inflammation of the eye, in the course of 11 days. It is interesting to observe that the patient's aunt, who slept in the bed with her, took hooping-cough likewise, and that in her case the cochenille did no good,—as if the hooping-cough of children and adults are essentially different in character.

3d, 4th, 5th, Cases. Three children of a trader, robust, strong boys, respectively 2, 5, and 11 years of age, who had been treated for the first 14 days with domestic medicines, then afterwards with all sorts of medicines by a surgeon, lost the cough in 7 days after the administration of the cochenille, with the exception of the eldest boy, with whom, although he was the first to be seized, yet it still lingered as occasional fits for a few days longer.

6th Case. A girl a year and a half old, of a slender build, red cheeks, scrofulous habit of body, and a disposition inclined to tears, became affected with hooping-cough on cutting a molar tooth. After the cochenille had been exhibited three or four times, instead of doing good, the breathing became accelerated, the pulse quickened, the patient complained of shooting pain in the region of the shoulder-blade, and the left false ribs, so that I was obliged to stop the mixture, and to give calomel, &c.; after 24 hours these symptoms subsided, yet the fits of coughing increased to 20 or more in a day. I tried cochenille again, and this time the pure solution in warm water; daily now did the number and severity of the fits decrease. Bleeding of the nose, and expectoration, copiously mixed with blood, occurred, and after 8 days not the slightest trace of the cough remained.

7th Case. The child of J. B. L., an English machinist, of 4 months old, was attacked, as its parents were on the eve of departure, with hooping-cough; after the third or fourth exhibition of cochenille, the most marked improvement took place, so that the parents were able in two days to undertake their journey.

8th Case. The little daughter of Mr W., 10 months of age, was attacked with hooping-cough; it seemed to have got it by infection, as it had

held intercourse with the child of a relative which was affected with whooping-cough. On the following day I happened to arrive during a paroxysm which was evidently one of whooping-cough. The nurse told me that the child had had nine such fits since my yesterday visit ; after the administration of cochenille, in the next 24 hours only 5 attacks occurred, on the fourth only 2, and on the fifth the child, to the delight of its father and to my astonishment, was perfectly well.

9th Case. A boy of 8 years old, of a weak scrofulous habit of body, and phthisical disposition, suffered in his third year from a dry cough, from which he recovered, and with the exception of trifling indispositions, remained perfectly well until the end of May of this year, when, along with other children in the house with him, he was attacked with whooping-cough. Very many domestic remedies were employed in vain ; the disease rose to a most alarming height. On the 8th of June my visit was requested ; I found the boy sitting half-upright in bed, with an anxious look, swollen eyelids and upper lip, puffy face, parched glowing skin, feverish pulse, and hurried breathing,—he complained of oppression of the breast, and pain in the abdomen. The fits were incessant, with frequent bleeding from the nose and mouth. He got solution of cochenille, a teaspoonful every three hours, a linament, and cold water to drink. I desired the father carefully to reckon the number of fits, which he most conscientiously did. In 24 hours there were 81 fits of coughing, 23 of which were attended with vomiting of blood and mucus, the quantity of which was nearly 3 teaspoonfuls. On the second day there were 65 fits with less vomiting but more blood. No remarkable change on the 3d day. On the 4th day there were 40 fits with much tough mucous and less blood. From day to day the fits decreased both in number and severity, so that on the 9th day there were only 21 attacks, the pain in the breast entirely disappeared, the appearance of the child improved, but no inducement could persuade him to continue the medicine. I was therefore obliged to stop it, and cannot give any further report of the case ; but I conceive that cochenille afforded a sufficiently satisfactory result in this most severe case of whooping-cough.

My friend Dr Weinke has tried the remedy extensively in the suburb of Gumpendorf, where whooping-cough raged, and observed the most surprisingly happy effects follow its use. He also found it very useful in the very severe cough which sometimes attends measles. This was well exemplified in the case of a fair-haired strong boy of 7 years old—somewhat narrow-chested,—who, upon the repercussion of the very abundant eruption, became tormented day and night with an incessant, dry, painful cough. The solution of cochenille was given in tea-spoonfuls every 2 hours, and the result surpassed all expectation ; for, on the second day after the administration of the remedy, not a trace of the troublesome cough remained. The cochenille decomposes very rapidly, so, if given in water, it should be dissolved immediately before being used. In some of the cases it was combined with supertartrate of potash, and tartrate of soda ; and in combination with the former, the author of this paper believes,

prevents its decomposition without injuring its efficacy. It is much to be regretted, that, in the account of these experiments, the specific cases in which it failed, and in which it succeeded, are not more minutely detailed; and, also, that in every case the drug was not given uncombined, and the exact quantity employed mentioned. The facts, however, are interesting, and as we know as yet very little of the medicine, it may, we trust, attract attention to it, and lead to its being carefully experimented with by persons in health, for without this, as this narrative well illustrates, we may, indeed, make striking cures, but we are also subject to mortifying disappointments, without being able to assign a reason for either, and cannot, consequently, in future, secure the former, or avoid the latter.—*Oester. Med. Wochenschrift*, 1842.

RHUS TOXICODENDRON.

Van Heddeghem mentions the case of a Creole in Louisiana, who was so susceptible to the action of *Rhus Toxicodendron* that he could not drive along the roads where the rhus plant grew, or shake hands with a person who had been exposed to the effluvium of the plant, without being almost immediately attacked with the *rhus erysipelas*, which affected his face, neck, hands, arms, chest, and genitals in particular. He had used very many remedies in vain, in order to deaden his susceptibility, when finally, his physician, Bressa, determined to give him the *rhus grandiflora* which produces effects very similar to those of the *rhus toxicodendron*. At first it caused an erysipelatous affection of the eyelids and nose; in course of time, however, it no longer produced any perceptible effect, and he was enabled, not only to expose himself to the effluvium of the rhus tree, but could even handle it without suffering the slightest inconvenience.—*Précis analytique des travaux de la Société Méd. de Dijon pour l'année*, 1832. *Dijon*, 1838, p. 48.

Rau (*Nouvel Organe*, p. 55) relates a case also illustrating the action of rhus. A labourer, in the botanical garden at Giessen, a few hours after being employed in expressing the sap from the leaves of the *rhus radicans*, was attacked with violent vesicular erysipelas of the face and hands, attended with high state of fever.

ARSENIC IN THE CHRONIC PLEURISY OF SHEEP.

M. de Gasparin communicated to the Academy of Science (January 2. 1843) the results obtained by M. Cambessedes with arsenious acid in sheep affected with chronic pleurisy. A hundred and twenty of these animals each swallowed thirty-two scruples of this poisonous preparation, mixed with common salt; with the exception of one, all entirely recovered; whilst before the administration of this remedy, the flock was actually decimated by the disease. M. Campessedes was induced to try it from its being vaunted as a specific by the country people. He considered that it is not a poison to the sheep; but the experiments performed previously by a commission, prove this opinion to be erroneous, and also shew that arsenic is homœopathic to pleurisy in the sheep. In

an experiment by MM. Flander and Danger, six grains (trois décigrammes) of arsenious acid were introduced under the skin of the sheep, symptoms very soon manifested themselves, and in five days the animal died. The autopsy shewed pleuropneumony with effusion on the right side. The production of serous effusion into the pleura of animals poisoned by arsenic, has also been observed by M. Chatin. It is difficult to account for the seemingly innocuous effects of the large dose administered by M. Cambessedes.—*Annales d'Hygiène Publique, etc.* Avril, 1843, p. 469.

DR GASPARI OF BERLIN UPON THE EMPLOYMENT OF CARBO ANIMALIS IN
BUBOES.

The rapid resolution of buboes in three instances in which Dr Gaspari gave Carbo an., not as homœopathic to the buboes, but to the other attendant symptoms, led him to try it in several cases, and with great success. In the Mat. Med. of Hahnemann, buboes are not given as one of the pathogenetic effects of Carbo an.; its therapeutic use can therefore be only established as yet *ex usu in morbis*. The buboes he treated were principally venereal, and though the medicine seemed specific to the bubo it appeared to exercise no effect upon the primary venereal affections; so that after the resolution of the bubo, other remedies had to be given. The treatment lasted three, five, or at the most, eight days. In numerous cases where the bubo appeared as if about to suppurate, still resolution was affected.—*Annales de la Méd. Hom.* tome i, p. 11.

POISONING BY STRAMONIUM (DATURA).

A girl 4 years old ate a few seeds of this plant. Towards evening tinnitus aurium and sleeplessness occurred; the child sang and wept, and spoke uninterruptedly confused nonsense. The eye was lively, the pupil dilated and insensitive to the light; she snatched continually in the air as if to seize something; to stand was impossible, for on rising, the knees knocked together, and the child on attempting to exert herself, she staggered and fell like one drunk. Vomiting was induced, and she got rid of the poison and recovered.—(Casper's Wochenschrift 1842, No. 25; also Osten. Med. Wochenschrift bim. No. 32, August 6, 1842.)

EFFECTS OF AN OVER DOSE OF CINA; observed by Dr A. NOACK of Leipsic.

Theodore Georgi, aged $2\frac{1}{2}$, of a scrofulous constitution, had been early very delicate, but latterly in good health till three months before; since when, he was subject to diarrhœa, and only lately freed from it. He received from his mother, for ascarides, a heaped tea-spoonful of powdered cina-seed, with *syrupus communis*, on the 23d November 1841, about 11 o'clock in the morning. About ten minutes afterwards, violent repeated vomiting of yellow water came on, together with watery diarrhœa and general convulsions. After this state had lasted about half an hour, I was called in, and found the child in the lap of its

mother, still in convulsions, which, according to the mother's account, had not decreased in violence. They consisted in distortions of the limbs in all directions, from which the fingers and toes alone remained free; head and body were drawn backwards, forwards, sideways, by turns, whilst the boy beat about with his arms and legs. There were, besides, from time to time, violent shocks through the whole body, with stamping of the feet downwards, and pushing with the head upwards and backwards; the shocks were particularly violent in the lower part of the breast, and felt on laying on the hand on the epigastrium. The face, which I was told had been pale at first, and had become by degrees gradually more livid, was now quite blue, the eye-balls were soon after turned upwards convulsively, so that only the white was visible; soon they became fixed straight forward, the pupils considerably dilated, and insensible to light. The tongue was sometimes drawn together in the form of a cylinder, and spasmodically passed through betwixt the lips without efforts of vomiting having taken place. Breathing natural, temperature of the skin low, skin dry, pulse small, contracted, neither frequent nor quick, regular. (Tinct. Ipecac. 1, every quarter of an hour 1 gt. to be taken on sugar.) The child afterwards vomited light yellow water twice, but not again; the cramps abated, passed by degrees into slight twitchings, and after the lapse of half an hour the fits ended with a peaceful sleep, which lasted an hour, with the return of *turgor* of the skin, a breaking out of general perspiration, and rising of the pulse. The little patient awoke lively and well-pleased, and continued so during the following days.—*From Hygea*, vol. xvi. p. 81.

UCUTA.

A widow, 50 years old, of a slender frame, who had never regularly menstruated, and had suffered much from urinary affections, attended with pain in the renal region, to relieve which numerous warm baths were employed, was attacked, in September 1838, with frequent vomiting in the course of the day, by which all she eat, and latterly a frothy white fluid, was ejected. When the narrator of the case visited the patient, her countenance was of an earthy hue, the skin was dry, there was great weakness, depression of spirits, little sleep; the pulse was small, but not frequent, the tongue dry. Urgent thirst, the abdomen normal to the touch. Only on the right epigastric region, under the false ribs, there was a painful induration about the size of an orange. This induration seemed to arise from an inflammatory abscess of the liver, the vomiting from excessive irritability of the stomach, or disease of the pylorus. As the vomiting had not continued long, the narrator diagnosed chronic gastritis complicated with hepatitis. From this view of the case he ordered copious leeching, embrocations, with belladonna, and enemata, and purgatives. As this treatment was of no use, after having been pursued for three or four days, pill of saffron, and then opium pills were

given—these diminished the pain and procured sleep, but the vomiting and the other symptoms continued. Other two experienced physicians were called in, who gave it, as their opinion, that there was likewise induration of the pylorus present, and ordered opium and blisters on the epigastrium. Neither was this treatment of any use. The patient visibly declined. From the recommendation of Stoerk, pills made of the extract of *cicuta*, and a large blister and an opiate enema were used. By this means the threatening danger was removed, and a steady, though slow convalescence ensued. *Cicuta* was given, first half a grain daily then half a grain three times a day. [The reporter of the case, in Oppenheim's Journal, observes, naively enough, it is evident that this wonderful cure was effected by the morphia and blisters, for the dose of *cicuta* was too small to have done it. Be it observed, that opium and blisters had been diligently employed before *with no benefit, the patient daily getting worse*. Did they acquire a new power when "too small" doses were administered?]*—Journal de Sociedade das Sciencias de Lisboa*. Tom. ix. 1º Semestre de 1839. Extracted in the *Zeitschrift für die Gesamte Medicin*. Von F. W. Oppenheim. No. 11. November 1842.

THE MURIATE OF TIN IN CHOREA.—By Dr PERSON.

A girl of 11 years old, after a dreadful fright, became affected with headache, and occasional twitches of the angle of the mouth and extremities of the right side of the body, which gradually increased in frequency, until at length they became constant during her waking hours. As the examination of the spine shewed that there was considerable tenderness between the 2d and 6th cervical vertebræ, twelve leeches were applied, and ungt. merc. rubbed in, near the sensitive part, and calomel and zinc powders were prescribed. On the 12th, salivation occurred, and the calomel was supplanted by hyosciamus. Leeches were again applied, and afterwards a blister. Notwithstanding these active measures, the disease got worse, and the blister seemed to aggravate the excitement. Upon this, Dr Person determined to try the *murias stanni*, as recommended by Dr Schlesinger (*Hufel. Journ.* 1837), and began with the one-sixteenth of a grain as a dose, morning and evening, gradually increasing the amount until he gave one-fourth of a grain twice a-day. After the very first small dose, improvement appeared, which almost hourly advanced. By the tenth day, after the patient had taken altogether five grains of the muriate of tin, all the convulsive symptoms were gone, and she was perfectly recovered. This medicine effected the cure without producing any re-action,—it occasioned neither primary aggravation (according to Fischer,) nor dryness of the mouth (according to Schlesinger), but seemed to operate as a pure sedative, quieting the powerful excitement of the nervous system, to which, perhaps, the previous antiphlogistic treatment might have contributed.—*Oester. Med. Wochenschrift*, No. viii. 1843, p. 216.

[Had Dr Person consulted Hahnemann's *Materia Medica*, he might perhaps have been induced to try the muriate of tin at first, instead of

at last; and thus the patient might have been saved the bloodletting and the blistering. He would also have found the occasional aggravations, and the other symptoms of the action of the medicine that have been observed, explained.—EDITORS.]

ACADEMY OF SCIENCES, PARIS.—JANUARY 16, 1843.

Tubercles of the Lungs.—M. E. Boudet, having examined, consecutively and without selection, the bodies of a great number of persons in the Parisian hospitals (many of whom died from accidents, &c., in the midst of apparent health), arrives at the following conclusions.

In children, from one day to two years old, tubercles are found in the lungs, or bronchial glands, once in 57 cases.

From two to fifteen years, they exist in three-fourths of the cases (33 in 45).

From fifteen to seventy-six, in six-sevenths of the cases (116 in 135)—in other words, six out of every seven patients had old or recent tubercles in the lungs. This result, which at first sight seems almost incredible, the author explains in the following manner. The tubercles were, in many cases, few in number and limited in extent, and, in a great number of cases, so transformed as to exercise little influence on the general health.

In infancy this fortunate termination of pulmonary tubercle is rare. The author did not see an example before the age of three years. From three to fifteen, he saw 12 examples in 45 cases; from fifteen to seventy-six, he saw examples of the cure of pulmonary or bronchial tubercle in 97 cases out of 116; and in 61 of these 97 cases the cure seemed to be definitive, and the rest of the lungs did not contain a single recent tubercle.

The favourable changes which occur in pulmonary tubercles are—

1. *Isolation.*—The tubercular deposit, without being much changed in its nature, is isolated from the surrounding parts by a mucous, fibrous, or fibro-cartilaginous membrane.

2. *Induration.*—This occurs in three ways—*a*, the tubercle becomes dry and friable; *b*, it becomes dense and tenacious, though not dry to the touch; *c*, it passes into a calcareous state. This latter termination, which appears to me to be clearly demonstrated, is very remarkable. The concretions contain, in 1000 parts, 697 of chloride of sodium and sulphate of soda, and a small quantity of carbonate and phosphate of lime.

3. *Transformation into Black Pulmonary Matter.*

4. *Absorption*, complete or incomplete.

5. *Elimination through the Bronchia.*

The various transformations of tubercular deposit just mentioned, and which may occasionally be observed in the same individual, occur at every period of the development of tubercle; but one or more peculiar modes of transformation generally belong to each period of tubercular

development. Thus, the crude yellow tubercle may be hardened or absorbed ; but it never passes into the soft calcareous state, and so on.

Tubercular excavation of the lungs is occasionally susceptible of cure. In 197 cases, taken indiscriminately, the author found 10 examples of cavern completely cicatrized, without any trace of recent tubercle, and 8 examples of the complete or partial cure of cavern, coinciding with recent tubercles. Pulmonary caverns are healed by the organization of accidental mucous membrane, or a fibro-cartilaginous envelope. They may remain open ; but when they are obliterated, they contain transformed tuberculous matter, or a fibrous band indicates the seat of their previous existence. The cases of persons who have recovered, after having presented the signs and symptoms of pulmonary consumption, prove that this terrible disease is not so invariably fatal as is generally supposed. In less than a year, the author collected 14 cases of this kind, in 6 of which the existence of caverns or softened tubercles had been demonstrated a long time before.

The author concludes that recovery is possible at any period of pulmonary consumption ; that nature, in general, works the cure ; that its extreme danger chiefly depends on the ordinary seat, extension, and relapses of the malady.

MEDICAL INTELLIGENCE.

LETTER OF DR F. JAEGER, PROFESSOR OF OPHTHALMOLOGY IN THE JOSEPHSAKADEMIE, VIENNA, TO THE EDITOR OF THE *HYGÆA*.

I have hitherto abstained from taking part in a controversy which has been carried on for the last two years, not only in scientific but also in political periodicals, touching the eye-disease of his Excellency Field-Marshal Count Radetzky, although I am most intimately concerned therein ; and I have thus acted, because the utter worthlessness of such a controversy, in a scientific respect, was quite apparent, because the dishonourable spirit in which it was conducted disgusted me, and because the subject, to the great disadvantage of the whole medical profession, was referred to the judgment of persons who were *incompetent*, and frequently also *unwilling*, to view the question in the proper light—much more to deliver a verdict upon it.

But, since there is no appearance of the discussion ever coming to an end, and the attacks and taunts are always becoming more direct, and in the General Homœopathic Journal, vol. 23, No. 11, an article which appeared in the Munich General Journal of Surgery, &c., 2d year, No. 6, is indiscreetly and falsely alleged to be written, if not actually by me, at least with my concurrence,—it would be improper to preserve silence longer ; and I feel it to be my duty, as well for the behoof of science as for the elucidation of truth and the defence of my own ho-

nour, publicly to make known what part I, by command of my superiors, performed in this so much boasted affair, and for what omission or commission I can with justice be blamed.

It was in the year 1841 that I, for the first time, received any information concerning the eye-disease of his Excellency Field-Marshal Count Radetzky, which I did in two letters by the same post from Milan,—the one from Staff-Surgeon Dr Hartung, accompanied with the history of the case,—the other from Professor Flarer, with a particular description of the appearance of the disease.

Staff-Surgeon Hartung, in his communication, pronounced the disease a fungus of the orbit, having its origin in a general constitutional taint, which, although treated strictly according to homœopathic principles, continued to increase, and had already attained such a size, that the worst must be anticipated.

Professor Flarer described the actual morbid condition with great accuracy, considered it a scirrhus tumour in the soft parts of the orbit, and likewise formed an unfavourable prognosis of its further progress. They both entreated me without delay to give my opinion of the disease.

Whilst I was engaged in writing a reply, I received orders from the authorities to go immediately to Milan, to communicate to his Excellency the concern his Majesty felt for his illness; and, although his Excellency *did not stand in need of medical advice*, yet I was to hold a consultation with his medical advisers, and to render here a circumstantial account of the result of the consultation.

As soon as I arrived in Milan, I lost no time in fulfilling my commission. His Excellency gave me a most gracious and kind reception, and was pleased to appoint the following day for the meeting with his Physicians in Ordinary, Dr Hartung, and Professor Flarer. At the meeting, Dr Flarer repeated, in the presence of his Excellency, all that he had previously communicated to me by letter.

Professor Flarer called my attention to the changes which he thought he had observed to take place in the appearance of the disease since his first visit.

I myself then proceeded to the examination and investigation of the case before me, and, from the presence of all the characteristic symptoms, convinced myself that there was a scirrhus product in the interior of the orbit, as also in the soft parts of the evacuant lachrymal apparatus. A tumour of stony hardness, uneven to the touch, painful on considerable pressure, and everywhere closely united to the orbital parietes, filled almost the whole of the orbit, and not only forced the globe of the eye (which was otherwise *perfectly healthy*, and retained the *power of vision*, but was almost completely bereft of motion) forwards and upwards, between the widely extended eyelids, but also displaced the lachrymal gland so much, that it could be easily felt in the fold of the upper eyelid, immediately under the border of the orbit, as a smooth, oval, and painless tumour; the eyelids were moreover enor-

mously stretched, swelled, inflamed, and motionless—on their outer surface tinged of a deep blue, almost black colour—the conjunctiva, especially that covering the eyelids, the valvula semilunaris, and caruncula corrugated, of a dirty red colour, covered with a close net of varicose blood-filled vessels, and bathed in tears and mucus. Common sensibility in the affected parts was very much diminished. Pains, sometimes burning, sometimes boring, transient or continued, shot through the tumour.

In other respects, the noble patient enjoyed good health, ate and drank with the best appetite, slept soundly, when not disturbed by the pains; all the natural functions were regular, the corporeal powers just such as might be expected from his age, the mind of youthful vigour; he was free from fever; his sensitive skin did not present that yellow waxy colour, nor did his features or general appearance indicate that intense suffering—that dejected aspect—that emaciation and diminution of vital energy which is always so *well marked* in scirrhus affections, which have their origin in a *universal constitutional taint*.

When I had satisfactorily convinced myself, by examination, of the presence of a scirrhus degeneration in the region of the eye, I requested my colleagues to consult with me in a neighbouring apartment. Whilst we were in the act of retiring, his Excellency addressed us in the following remarkable words: *Gentlemen, whatever may be the result of your consultation, I declare to you, in the most positive manner, that I shall submit to be treated by none but Staff-Surgeon Hartung, and by none other than the homœopathic system.*

This positive declaration of the noble patient could not have the effect of making me uncertain or undetermined in my line of conduct; on the contrary, it was perfectly clear that thereby I was deprived of all sort of concern in the treatment to be pursued, and thus my relation towards the patient was purely negative. Acting accordingly, I conducted the conversation which ensued, strictly abstaining from any therapeutic allusion, and even repressed a discussion about *carbo animalis*, which commenced between Dr Hartung and Professor Flarer.

I first requested Professor Flarer to state, without reserve, and with complete accuracy, his opinion of the nature, form, and progress of the disease; which was, that he recognised it to be scirrhus, as regarded its nature and form; with respect to its further progress, that it threatened to pass into an open cancer, and on this account he must draw an unfavourable prognosis.

I now put the same question to Dr Hartung, who replied that he did not see any cause for departing from the opinion he had formerly given. He considered the disease a fungus, menacing a speedy change to cancer; and therefore he must consider the prognosis as unfavourable.

After I had briefly recapitulated what had been done, and had revolved in my mind all the morbid appearances, I declared myself, judging from the presence of all the characteristic symptoms of a scirrhus tumour, to be of the same opinion as Professor Flarer, as well

respecting the nature and form as the further progress of the disease ; and felt the less hesitation in saying so, since I saw, that, in spite of the uninterrupted employment of the homœopathic method of treatment during months, if not years,* the disease had, so far from being checked, continued to increase until it had attained its present magnitude, and since the noble patient had determined to continue this system, and had positively refused to be treated according to rational principles.

Although, judging from all this, and in particular, from the sudden increase in the progress of the scirrhus degeneration which had latterly occurred, a change into open cancer was threatened—in fact, was considered to be actually impending ; yet I considered it necessary to direct attention to the process by which, in the case before us, a *happy issue* was still possible,—if, namely, in consequence of an increased degree of inflammation, suppuration should ensue, whereby the scirrhus mass would be dissolved (zerfließen), and, after evacuation of the pus, the eye would again return into its place and a cure ensue, as experience has shown often occurs in similar cases.

Thus ended our conference ; we returned to the illustrious patient and I reported to him that we were perfectly agreed in everything that related to the nature, form, and farther progress of the disease. With regard to the method of treatment, I had, on account of his expressly stated wish, felt myself constrained to avoid any discussion, and that because, as his Excellency was well aware, I was no homœopathist. Dr Hartung had alone the right to dictate on this point ; and, as I was not acquainted with any rational mode of treatment by which I could *positively* and *certainly* promise a *cure*, I felt it my duty to agree to everything which the Doctor considered necessary to be done in accordance with homœopathic principles.

Lastly, I repeated the hope I had formerly expressed in the consultation, of a favourable result by suppuration, and told the illustrious patient, that if more violent inflammation, greater pain, and discharge of blood and pus should ensue, he should not be alarmed, but consider it as a good sign.

With this the end and object of the conference was fulfilled, and his Excellency dismissed us with the assurance of his high esteem and regard ; of which, during my prolonged stay of several days, I had opportunities of being convinced in so marked a manner, that I shall never cease to retain a delightful and grateful recollection of the same.

I now, without delay, occupied myself with the preparation of the report I was to render at Vienna.

But, taking into consideration the importance of my mission, the difficulties of my situation, and the very peculiar position in which I felt myself placed by the wish of his Excellency, so categorically expressed—and having a sort of presentiment of misconstructions and suspicion, which might easily be thrown on my conduct and opinions—

* He had only been treated for the eye affection from the middle of December to the end of January. *Vide* p. 15 of this Journal.—ED1TORS.

perhaps, also, wilful misrepresentations of them—I considered it as my bounden duty in this report, as also in all places, both in Milan and here, wherever I might be questioned as to the disease of his Excellency and its probable issue, not to say an iota more or less than what had been unanimously agreed to in the consultation, and was constantly on my guard, never, by the slightest hint or observation upon the fruitlessness of the treatment hitherto practised, or the small confidence I had in its further effects, to shew my distrust of it, or in any way to commit myself; and, considering the difficulty of the situation in which Dr Hartung was placed, not alone with respect to the patient and the acknowledged malignity of the disease, but also with respect to the public at large, I adhered so scrupulously to our unanimous opinion at the consultation, that I never, either in my report or anywhere else, *except in the presence of the patient*, made any allusion to the possibility, which I had before expressed, of a favourable termination to the disease by suppuration.

Whether I acted prudently in so doing, remains to be determined; but who can always steer clear of false judgments and malicious insinuations?

I acted as my feelings and judgment dictated. That my behaviour towards the noble patient and his personal physician could not have been dishonourable, the following expressions of Staff-Surgeon Hartung, in a letter of the 20th February, will sufficiently testify,—wherein he thanked me “that my behaviour and the encouragement I had given had rendered the confidence his Excellency had in him unshaken, and had given him so much comfort, that he declared he did not wish to hear anything more from any other physician.”

Now, let me ask, was I dealt with in the sequel with similar *justice and candour*?

What happened when the intelligence of a fortunate issue of the disease was made known?

In what spirit—with what insinuations and bombastical parade—was the tocsin sounded in all the periodicals! What was the burden of the song?

Two allopathic professors declared the disease incurable, and gave the patient up for lost; and Dr Hartung, a homœopathist, cured him.

But let us resume the further history of the case, and the conclusions to be drawn from it.

I left Milan with assurances of the sincerest friendship, and with the promise of a particular report of the further progress of the disease. After the lapse of about three weeks, I received the first intelligence from Dr Hartung. He wrote that, under a continuance of the homœopathic treatment, the condition was quite changed; that bleeding, which had commenced, had again ceased; and that the formation of an open cancer, *which we, at the consultation, unanimously thought would occur*, no longer threatened to take place. The whole fungoid swelling, within and without the orbit, was diminished; the eye could move

freely in its cavity ; his Excellency had no more pain. In a still later communication, of the 9th March, the progress towards amendment was stated in still more general terms ; at the same time, it was *politely lamented* that Professor Flarer had not seen the patient during the cure.

Besides these communications to me, a report, along with a coloured representation of the appearance of the disease, was conveyed at the same time to the authorities, with the comforting assurance, that, notwithstanding the very unfavourable prognosis I had made, the cure would succeed under the homœopathic system.

What deserves to be particularly remarked in this place is, that the drawing does not give the disease as it appeared at the time the report was given, but at a previous period, when it was just at its height, namely, at the time when I was in Milan, but, in my opinion, very indifferently delineated.

What an impression, what a sensation, such an unexpected result caused,—what triumphal songs were sung by all the adherents of homœopathy, on the occasion of such a striking proof of the efficacy of this system,—and what pains were taken to bring forward and spread the fame of it, at my expense, because, for the reasons before assigned, I had spoken only of the apparent unfavourable result, of all this the common conversation of the day, and the public periodicals, give plenty of information !

And in truth the triumphant annunciations of such a sudden cure, occurring in a case where for months the most unfavourable, indeed a fatal, termination was almost momentarily expected, was so surprising, that even an unprejudiced medical man, much more a credulous person not belonging to the profession, might with the very best intentions have erred, and, unacquainted with the mode by which a favourable change took place in the further progress of the disease, might have been induced to form an erroneous judgment.

But accounts which merely describe the altered condition of the disease in general terms, could not satisfy any one who was intimately connected with the matter, and better acquainted with the circumstances under which these changes took place ; *such a person* would desire direct information, grounded on science and on experience ; *such a person* would desire a minute description of the appearances, and concomitant circumstances under which such a favourable change in the diseased process took place. It is only when, after strict scientific proof, he finds such occurrences to be in unison with previous experience, that he is led to their reception, and perhaps to conviction. I hope I may be excused for not being satisfied with Dr Hartung's accounts of this matter, for except that it was vaguely remarked that the bleeding had ceased, open cancer was no longer to be dreaded, the swelling had disappeared, the eye moved freely in its socket, the patient had no more pain, there was no allusion made of the *most important occurrences and conditions*, which had taken place in the commencement of the favourable change, with respect, namely, to the suppuration and inflammation, *which*, however, are particularly alluded

to in other equally credible accounts. Thus a noble individual, in intimate connexion with the illustrious patient, informs me,—Your prognosis concerning the probable occurrence of pain and inflammation seems to be fulfilled, if Staff-surgeon Hartung would only be less inconsistent; to-day he is filled with apprehension, on the morrow his hope revives.”

The account by a military gentleman high in rank gives a satisfactory explanation of the whole affair—“To-day, after about three weeks, I have again seen the eye of our Field-marshal, and was astonished at the extraordinary improvement which had taken place in its condition. I now begin to believe in the possibility of a radical cure. The eye has returned completely into its socket, the said swelling has disappeared, *the inflammation is diminished, and suppuration has commenced; the pus is yellow,* and, as the saying is, *healthy.*”*

It happened at just this important period, by express order of Hartung, Professor Flarer was not allowed to see the eye of the Field-marshal, unless when he was present, and notwithstanding the sorrow that Staff-surgeon Hartung expresses to me in his letter on this point, *let it was,* who not only *gave* this order, but when his Excellency appointed a meeting for this object, he did not make his appearance, so that Professor Flarer was forced to leave the patient without having again seen the eye.

With regard to the calling in of Professor Flarer to the noble patient, Dr Hartung seems to be labouring under a mistake. I can assure him, that his presence was as little owing to his own inclination or my instrumentality, as was my own.

Since all the information resting upon positive proof of which I am possessed ends here, and the termination of the cure itself is only known to me through the public journals, I shall here finish my communication.

Leaving to my colleagues to form their judgment in the whole affair, as also upon my conduct and obligations, I shall only now make the following remarks with respect to the cure and the mode in which it was effected.

Dr Hartung believes that thuja, homœopathically employed, not only prevented the change of the scirrhus into open cancer, a catastrophe dreaded both by myself and him, but also effected the dispelling of the hardness, and likewise the complete cure; and he rests his belief on his conviction of the efficacy of this medicine, employed in accordance with homœopathic principles.

Who can, who would, bereave him of this belief? *Certainly not I.*—The fortunate convalescent recognises in Dr Hartung his deliverer, and for that owes him his warmest thanks.

What medical man would not approve of this, or fail to feel still greater respect for the illustrious patient?

But if I do not coincide in opinion with Dr Hartung, with respect to the curative powers of thuja, in fact do not believe that there is any

* The Professor's indignation at non-medical evidence being received in the case seems to have abated.—EDITORS.

† Was it not the expressed wish of Count Radetsky?—EDITORS.

remedy which could effect the cure of scirrhus in the manner it took place, —confirmed as I am in this by the views I entertain upon the efficacy of medicines derived from tradition, observation, and experience:—if, on the contrary, I believe that the cure took place by the process I had previously imagined, and described in the *consultation* and *in presence of the noble patient*, namely, by the occurrence of more violent inflammatory reaction, and suppuration, in this opinion strengthened by the well known, powerful, solvent properties of a healthy suppurative process, and in the present case confirmed by the positive occurrence of suppuration, after a previous more active inflammatory action:—who would be so unfair as to refuse me similar freedom in my belief?

LETTER TO THE ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH, ON THE REJECTION OF THE PETITION OF FRANCIS BLACK, M.D., EDINBURGH.

By J. RUTHERFURD RUSSELL, Edinburgh.

GENTLEMEN,—In addressing the Members of your College, my object is not to express any momentary irritation I may have felt, on account of what I conceive to be a wrong done to an esteemed friend and colleague, much less to attain a notoriety no ways enviable, by directing public attention to my own case, nor to appear in the character of a censor of the conduct of the College, which I am not so arrogant as to assume; but it is to remove certain misconceptions which I believe to prevail regarding the opinions espoused by Dr Black and myself, to protest against the injustice of the sentence you have pronounced, and to record the motives from which I formed, and those from which I have now abandoned, the resolution to seek admission into your College.

As I understand that the opposition to Dr Black was not put upon the ground that he is immoral in character, irregular in conduct, or of insufficient professional attainments, nor indeed upon any thing that can be considered personal to him, I am entitled to assume that those who opposed his admission were influenced solely by a regard to the opinions which he professes, and that, therefore, the door which was shut against him, will remain shut against all who hold those opinions, and of course against myself.

As a Graduate of the University of Edinburgh, you are aware that I am entitled to claim, and you would be obliged to grant me, a diploma as a Licentiate of your College, which would enable me to practise on precisely the same footing as a Member; and therefore the reason assigned for our exclusion, a desire on your part to protect the public from the practice of a system you deem to be dangerous, is evidently futile. You cannot deprive me of any legal privilege or qualification possessed by your Fellows,—you do, on the ground of my peculiar medical opinions, withhold the privilege of your fellowship.

What, then, are those opinions that require so decided reprobation from your College?

The only general grounds—because the only ones peculiar to homœopathy—upon which your opposition to it can be based, I take to be two; *first*, the belief it imports in the prevalence of a general law by which we are guided in the discovery of a specific remedy in each case,—*Similia similibus curantur*, expressed technically,—or, in plain English, that the same substance which produces a disease in the healthy, will cure it in the sick man; *second*, that the remedies are given in quantities so small as to be powerless.

For I cannot suppose that the practice of never giving but one medicine at a time, to enable us the better to observe its effects, and of always testing the action of a substance on those in health, before we administer it to those in disease, can be considered seriously objectionable.

In regard to the *first*, it would be out of place here to enter into a consideration of the proof by which this law has been established: it is enough to observe, that a practice similar to that which arises out of it is not unfrequently adopted by yourselves.

Is it, then, because we believe that mode of practice to be of general, or rather of universal application, which, in many diseases, you are in the habit of using with success, that you have thought it your duty to pass so severe a censure upon us, without having yourselves ascertained, [by experimental observation, whether or no that general law exist, in the belief of which we adopt an uniform method of practice?

The *second* ground of objection is, that the medicines we give are in quantities too small to produce any effects. On this subject there exists, I conceive, no small degree of misapprehension. *Hahnemann practised homœopathically before he diminished the doses.* The smallness of the doses is not included in the law of homœopathy at all. The practice of giving very small doses has arisen *entirely* from the *experience of their utility*; and the only limits which we acknowledge are, that, on the one hand, the dose shall never be so large as to be injurious to the patient by its physiological action; nor, on the other hand, so small as not to produce its therapeutic effects. Is there any thing so repugnant to sound reason in this practice, that, without any trial of the effects of medicines as we employ them, we are to be publicly condemned for entertaining a belief in their efficacy?—a belief not rashly adopted from theoretic views of the action of remedies, but one which forced itself unwillingly on our conviction. We believe in the efficacy of small doses, not because *Hahnemann*, or any other man, has stated it, but because, during a long course of observation of cases, we have seen the most marked and undeniable benefit result from their administration.

The truth of our belief may be tested by any one who has courage to expose himself to the ridicule of his less liberal brethren; and, true or false, our system leads to consequences, certainly far less disastrous than opinions which have been held by members of the profession, without having exposed them to the censure of any of the Colleges.

But besides these *positive* objections to our system of practice, I am aware that there are not less frequent, if not better founded, negative ones urged against it. Ours are faults of omission more than of commission. In this matter it seems to me that the enlightened members of your College might have been more careful to distinguish between the expressed sentiments of one or two homœopathic writers—and these perhaps not of acknowledged authority—and the consequences that necessarily flow from the principle of homœopathy. If we reject bloodletting, it is not that we are fettered by the dogmas of Hahnemann; for we admit no bonds of personal authority, and hold ourselves entitled to bleed or not to bleed, to give or to withhold a purge, as the urgency of each case may require; and no one has a right to question our liberty in the matter. If we abstain from the use of these measures, it is only because we deem it right never to resort to a remedy severe and uncertain, when we have the command of a mild one, which experience has taught us to be efficient. We do not exclude the one set of remedial measures from our rubric; we merely prefer the other in our practice.

Believing these, then, to be the grounds upon which we are excluded from your fellowship, and holding, as I do, that they are quite insufficient to support your sentence, I must protest against it as unjust. And let it not be said that we experience no hardship; that wholly differing, as we do, in our practice, there could be no object in our union. It is hard, when we extend the hand to petition your fellowship, to have that denied us. There may have been higher motives than a regard to professional status, and so-called respectability, which made us cherish the wish to be members of your College. It may have been an anxious desire to live in perfect harmony with the members of a profession for which we cannot but feel the highest esteem,—supported as it is by so much talent, graced by so much goodness; and if these were our views,—and I affirm they were mine,—is it no wrong to us that we are refused admittance, as holding opinions so dangerous or disreputable, as to disqualify us for your society? I cannot doubt, that had you paid the same attention to the claims of homœopathy which we have, that the like conviction of its truth would have forced itself on you, and have driven you—against all preconceived opinions and all opposition—to adopt and practise it. And were I allowed to tell you how dangerous is the principle which, by this your judgment, you have established (the principle, that a diversity of opinion and practice in medicine is a good ground of exclusion from your College), I would remind you, that this is not the first revolution in the science of medicine, and recall to your memory the variety of sentiment on almost every subject which prevails among your members,—and the growing disbelief in the utility of medicine at all,—and ask, whether you are best consulting the interests of science, by excluding us, not because we are deficient in medical knowledge, but because we hold certain opinions on therapeutics, of which you have not demonstrated the falsity, and which therefore *may* be true? If it be meant that this your public censure of us and of our opinions, shall be held up *in terrorem* to

those who might be inclined to adopt them, I can only hope that no such considerations will prevent them following wherever truth seems to lead. If you have lighted up this lamp to be a guide-star to other Colleges, who may have it in their power to follow your track, I can only trust that it will rather be a beacon to warn them from so rash and disastrous a course, as judging without facts, condemning without a hearing, and scouting without inquiry, a proposal entertained in other countries by men of worth and ability, for improving the present sadly uncertain and defective state of therapeutics.—I remain, Gentlemen, your obedient humble servant,

J RUTHERFURD RUSSELL.

19 RUTLAND SQUARE,
22d Feb. 1842.

LETTER FROM DR BATHYANYI OF PESTH.

We have had again, of late, the battle to fight, and it has been proportionally fierce and bitter, as our position had become more agreeable and successful in the estimation of a public who stood in need of cure. Our opponents, never very scrupulous in the choice of their weapons, again returned to the field with those untrue and absurd accusations, which had been a hundred times triumphantly refuted. Among the forlorn hopes of the enemy was a Dr Rechnetz,—the first who ventured to assail our characters and system with unblushing falsehoods.

Other writers have lately challenged us to combat in the Hungarian papers, Vigal (light), and we have gladly taken up the gauntlet. The particulars of this will be communicated at an early opportunity. The long and short of it, however, is, that they have required of us a proof of our system at the sick bed, which we are most ready to afford them.

Our opponents are sorely annoyed at the general interest which our science has attracted even in political circles. As whole counties (Komitate), at their elective meetings, have unanimously resolved that Homœopathy should enjoy exactly the same amount of protection as the other system, and like it be taught in public schools of medicine, and have instructed their deputies to see this recommendation carried into effect at the next meeting of the Parliament, which occurs in May.

As news from Vienna, I can inform you, from the best sources, that it is quite certain that the institution of a chair, as well as the publication of a journal of Homœopathy, has been recommended by the Government and the highest officers about Court, and merely awaits the assent of his Majesty to be carried into effect.

We are now met here in our society for advancing the good cause; and the first thing we have to do is to collect all the hospital data, from which it would appear that the mortality in our hospital is two-thirds less than in the other hospitals—the cures as certain, and the expense much less.—(*From Hom. Zeitung, 27th March 1843. No. 2, of 24th vol.*)

HOMŒOPATHIC INTELLIGENCE.

In one of the most recent works on pharmacy, published in Petersburg by Dr Gauger, along with the rates of charges allowed to apothecaries generally; there is a scale of prices fixed for homœopathic remedies. The scale is adjusted, both for powders containing globules, and for dilutions, and it is especially ordained that the homœopathic apothecaries shall be restricted to the preparation of homœopathic medicines, and shall not be allowed to dispense allopathic ones.—(*Oppenheim's Journal*, 22d vol. 4th part, p. 498.)

Homœopathy in France.—The system is steadily advancing in Paris, and many demands are made from the provinces for homœopathic practitioners. An attack has lately been written by Professor Troussseau of Paris, against Homœopathy. It is curious to see this, as his name is inscribed as one of the subscribers to M. Lafitte's *Symptomatologie Homœopathique*. The substance of his paper, and a refutation of his erroneous reasoning, will appear in our next Number. Homœopathy is making rapid advances in the south of France, where the greater part of the medical men have been educated at Montpellier, where the new doctrine is now forcing its way into the university. Professor Ribes, who occupies the chair of Hygiene there, has been verging towards homœopathy for many years, and is now a decided convert. But the subject of his course having nothing to do with the practice of medicine, no change has ensued in his lectures. Not so, however, with his colleague Professor Amador, a man of great talent, who holds the chair of Pathology and General Therapeutics. He practises homœopathy with great success; and last session devoted a portion of his course to a critical examination of Hahnemann's views, with which he declared his substantial agreement. This excited the ire of his allopathic colleagues, and of the whole Faculty of Paris so much, that, through the influence of the latter body, the minister of the interior, M. Villemain, was induced to send down an order to M. Amador, expressly prohibiting him to mention Hahnemann or Homœopathy within the walls of the university. Attempts were also made to induce the students not to attend M. Amador's lectures, but these signally failed, his class-room being the most crowded of any. Hahnemann is at present engaged with a new edition of his *Organon*, which will be published in French.

We learn from our Paris correspondent that a large body of the friends of Homœopathy met there upon the 10th of April, to celebrate the eighty-eighth birth-day of Hahnemann, on which occasion we are glad to learn that the venerable founder of the great medical reformation was in full possession of his wonted alacrity and vigour.

LIVERPOOL HOMŒOPATHIC DISPENSARY.

1843.	New Patients admitted.					Cases prescribed for.
January,	.	244	.	.	.	775
February,	.	265	.	.	.	1049
March,	.	388	.	.	.	1328

EDINBURGH HOMŒOPATHIC DISPENSARY.

From January 1, 1842, to June 1, 1842,

During which period patients were visited at their own houses, as well as prescribed for at the Dispensary. The total number of new patients admitted was 317.

The monthly returns were as follows :—

January,	58
February,	69
March,	72
April,	60
May,	70

Total,	317
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During corresponding months of 1843, when patients were not visited at their own houses, the whole number of new patients admitted was 1152, and the monthly admissions were as follows :—

January,	126
February,	263
March,	261
April,	265
May,	237

Total,	1152
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BOOKS RECEIVED.

Two Numbers of Homœopathic Examiner.

The first Six Numbers of the 24th volume of the Homœopathische Zeitung.

Hull's edition of Everest's Popular View of Homœopathy.

Family Guide to the Administration of Homœopathic Medicines.

Austria—its Literary, Scientific, and Medical Institutions. By W. R. WILDE, M.R.I.A., &c. &c. &c.

The Contagion of Ophthalmia Blennorrhœa. An Abstract from J. T. PIRINGER's work, the "Blennorrhœa of the Human Eye." With an Essay on the treatment of Pannus by Inoculation. By ARTHUR STOUT, M.D., New York, 1842. W. Dean.

An Address on the Homœopathic System of Medicine. By THOMAS HAYLE, M.D., Newcastle.

Homœopathy the True Healing Art, &c. By DR LUDWIG CALMANN. London, 1843. Alex. Black.

Lettre à Messieurs les Membres de la Faculté de Médecine de Paris, en réponse aux attaques dirigées contre la Doctrine Homœopathique. Paris, 1843.

We regret that we have been unable to furnish an abstract of this excellent letter for this Number, but hope to present our readers with it in our next.

NOTICES TO CORRESPONDENTS.

We thank Dr Fleishman for his letter, and hope ere long to receive a paper from him.

We have to acknowledge Dr Buchner's letter also ; and we look forward with much interest to the publication of his work. It will give us much pleasure to receive any communication from Dr Buchner.

No answer has been received from Dr Trinks.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

HAHNEMANN.

AFTER the health of the soul, that of the body is the most important subject that can occupy the attention of philanthropists. The dogmatic schools have done nothing for the healing art: and, while it has been generally acknowledged that "Experience is the true teacher of medicine," the practical efforts of medical men have been generally biassed by some prevailing or fashionable theory. We find from history that this has been the case from Hippocrates to Hahnemann.

The history of medicine, while it is most interesting, is also most painful. We believe that an honourable feeling has been a characteristic of the profession in all ages; and it is the interest, as well as the duty, of medical men always to do all that they can for their patients. It is, therefore, melancholy to reflect how little advancement was made in therapeutics for twenty centuries. The accessory sciences have been greatly advanced; some, as anatomy, nearly to perfection: but the art, to which they were at first subsidiary, was left as uncertain as ever. It is confidently believed, that, under the influence of the law Hahnemann declared, this art will henceforth advance, and become more and more certain in its results, with the continued improvement of therapeutics.

The doctrine of Homœopathy is still subject to indiscriminating censure on the part of its opponents; whereas it claims the most careful examination, as it professes to be a reform

or revolution in medicine. It is, at all events, a *thing*, and not a mere name. It is in the power of any intelligent being to put it to the proof; and actual experience only can shew whether it is true or false. Its influence on the prevailing practice, in the improvement of dietetics, in the simplification of prescriptions, and in the diminution of doses, is noticeable. It is not by exaggerations of any sort, either in its favour or to its prejudice, that its merits can be ascertained. Is the homœopathic law true or not? Is the system of therapeutics an advancement or not, in the healing art? These are questions determinable by experience; and invectives cannot be admitted in the place of experiments. Yet, while the literature of the day abounds with passing allusions to the subject, little or no notice of it is taken in the medical journals, and by those whose province it is to watch over and correct the delusions of opinion.

We have seen, in the history of medicine, school give way to school, theory to theory, and “admired disorder” throughout. A simple law of healing, *Similia similibus curantur*, has been declared as the true law by which all theories are brought under subjection, and disorder reduced to order. We have now to speak of the lawgiver, who has recently departed this life. The good he did has not been interred with his bones, but lives after him.

SAMUEL HAHNEMANN was born at Meissen, in Saxony, on the 10th April 1755. His father was a man in obscure circumstances; but, by whatever means obtained, the son received a sound education. It is recorded of him, that he went at the age of twenty to Leipsic, for the prosecution of his studies, “with exactly the same number of crowns in his pocket that he numbered years.” It may be inferred from the results, that he took with him to that university a mind already addicted to studious habits, and an ambition to excel in the studies he had chosen. His energy and industry must have been great, as he was probably obliged to maintain himself by tuition and literary exercises, at the same time he was devoting himself to science. Two years later we find him a student at Vienna, where he had excellent opportunities of studying disease in the Hospital of Leopold. We next hear

of him at Hermandstadt, in the double capacity of medical attendant and librarian to a nobleman. He next went to Erlangen, where he graduated in medicine in 1779. During the next ten years he seems to have practised his profession at several places, till he settled at Leipsic. It would appear that he was early dissatisfied with the results of practice conducted according to theories; and with that intuitive presentiment of future achievement which has been so often recorded of remarkable men, he set himself the task of discovering some way of escape from the perplexities of the schools, and the uncertainty of the art he had so sedulously cultivated, but in the practice of which he found the success of medical treatment so disproportionately small, in comparison with the lofty pretensions of theorists. Taking a review of the revolutions in medicine from the time of Hippocrates to his own, comparing school with school, and theory with theory, and considering how little real advancement had taken place in therapeutics, he felt the want of some law to guide the practitioner in the choice of remedies; and this earnest aspiration after a nobler art than had yet been known, led to those reflections and investigations, which afterwards resulted in the system of Homœopathy.

In the course of his reading, Hahnemann's mind was always directed to facts; and his researches into the writings of eminent authors were not without their result, though in a very different way from what the authors might have expected. The attempt he subsequently made to obtain successful results in practice, from administering pure medicines in their simple forms, was again of ultimate advantage to him, though he failed in his immediate object. His habits of translating foreign authors into German, was another important link in the chain of his history; as was also his devotion to chemistry and mineralogy. We find these various occupations of his to have all influenced his after career, more or less. Thus his early training, the habits of his life, his pursuits, and his very disappointments, contributed their share to the achievement which was to be wrought out by his patient, earnest, and vigorous intellect.

Our philosopher undertook a translation of Cullen's *Materia*

Medica ; and his attention was arrested by the description of cinchona, and its effects in producing symptoms analogous to those of intermittent fever. Hahnemann took bark himself, and so produced in himself the symptoms of intermittent fever. This induced him to try and note down the effects of other medicinal agents, when taken by persons in health. Finding, (on comparing his own experience of these effects with the practice of different authors, and his previous knowledge,) that the remedies usually successful in certain given cases were such as would produce symptoms analogous to those of the disease, he came to the general conclusion, the law *Similia similibus curantur*, namely, that disease should be treated by close attention to the symptoms, and giving those remedies which, in healthy persons, would produce effects very similar to those symptoms. He chose the word Homœopathy, to express the law of the relation between the disease and the curative agent.

He induced others to repeat his experiments ; and their experience confirmed his.

His book-lore now served him well ; he found in ancient, as well as modern authorities, occasional glimpses of the truth of the *law of specifics*.

The more extensive the experience, the more multiplied the experiments, the more certain became the law. By and by, when its truth is fully admitted, Hahnemann's claim to originality will probably be denied, and the authorities alluded to will be quoted ; thus it was said of Harvey that he was the circulator of the circulation of the blood.

In one of the books ascribed to Hippocrates it is said, " By agencies producing effects similar to the symptoms of the disease, and not by contraries, must it be treated."

Stoerk thought that stramonium might be used with success in the treatment of mania, from his knowledge of the hallucinations it produced in persons in health.

Stahl has been quoted by Hahnemann to this effect : " The received method of treating diseases, *contraria contrariis*, is completely false and absurd. I am convinced, on the contrary, that diseases are subdued by remedies which produce a similar affection, *similia similibus* ; burns by the heat of a fire,

to which the parts are exposed ; the frost-bite by snow or ice-cold water ; and inflammations and contusions by spirituous applications. I have cured acidity of the stomach with small doses of sulphuric acid."

Paracelsus, to whom chemistry is much indebted, notwithstanding all that has been said against him, observes : " The method taught by Galen, to give remedies which produce the contrary of the disease, is a perverted one : remedies, which act similarly, should be administered."

It can be proved from Suetonius that some of the physicians of Rome treated some diseases on the principle, *Similia similibus*.

The merit, however, is Hahnemann's of having discovered and promulgated this law as being of universal application in the treatment of disease : and it was wrought out by him with deep thought and patient investigation.

He obviously came to the conclusion, that wherever disease was successfully treated, the success depended on the use of some remedy homœopathic to the disease ; and with his usual industry, he collected examples in proof of the justice of this conclusion.

It has been admitted that any improvement in therapeutics must be in the extension of the number of specifics. It is in this right way that Hahnemann advanced, the successful pioneer to a realm of specifics.

Had we faculties enlarged enough for the pursuit, the probability is, that there is no substance in nature which is not capable of being appropriated to man's use and benefit ; that for every diseased action, every aberration from health, a specific might be found. Constitutional tendencies to disease may be overcome ; in the course of several generations hereditary diseases may be mitigated or removed, as our knowledge of specifics increases. Instead of three or four specifics, how many are already in use ! What a field for observation, study, and practical application, has Hahnemann discovered to the students and practitioners of the healing art !

This earnest man, in the course of his experiments with medicinal substances, very soon discovered that the doses usually given were unnecessarily large. When he first applied his

law to the treatment of disease, he gave the usual doses, which in practice he gradually reduced. The *size of the doses* was therefore no part of his original plan of practice. It was the result of a succession of experiments. He reduced his doses gradually, but found even fractions of grains in some cases excited *aggravation* of the patient's symptoms.

In following his process of reduction still further, he arrived at the discovery of the power of those very minute doses since called infinitesimal. In pursuing the division of soluble substances, he discovered that, by trituration with milk-sugar, insoluble substances, formerly supposed to be inert, were rendered soluble, and displayed active powers. To these facts he appended a theory, that the process of trituration of solids, and the analogous one of succussion of fluids, added new powers to medicinal substances ; hence he applied to these processes the term potentialization or dynamisation. Here, again, we must discriminate between fact and theory : it is a fact that the above-indicated process of trituration does render insoluble substances active, and thus certain of them are enabled to display their medicinal properties ; but that new powers are added to medicinal substances by succussion, when fluid, or by trituration, when solid, remains yet to be proved.

We briefly recapitulate Hahnemann's doings as a reformer in the art of medicine. He discovered the universal application of the law, *Similia similibus curantur*. Many facts tending to the establishment of this law were to be found in various authors, ancient and modern ; he declared it to be a law of general applicability—the law of healing.

He carried out to the full the method of discovering the properties of medicines by giving them to persons in health, and carefully watching their effects.

He tested their healing powers by giving them singly, only one medicine at a time in a prescription, to patients.

He, more strictly than any of his predecessors, insisted on the necessity of ascertaining the proper character of disease, unmixed with many symptoms produced by many remedies ; of distinguishing genuine from factitious or medicinal disease.

He discovered that medicinal substances act effectively in very minute doses.

We have so far no theory at all ; recorded facts and experiments are given, open to all the world to investigate, to sift, to challenge, and prove false—if they can. His theories may or may not be correct ; his facts and experiments remain. The worded thought, the exponent of a thing, remains with its suggestive wisdom, when time has blotted out vain opinions and idle speculations. Hahnemann, fully aware of this truth, while he insisted on the practical doctrine, was willing that it should be followed out apart from all consideration of his theory. He *knew* that his small doses, for example, would produce certain effects ; he would not have objected that the sceptic, when persuaded, should account for their efficacy by the aid of the chemist or the geometrician. The latter can prove the infinite divisibility of matter ; the former can shew that, if a quantity of mercury, ever so nicely weighed, be put in water, this will be covered with a metallic film and have a metallic taste, yet the mercury will not have lost any of its sensible weight. Hahnemann's great business was with effects ; we must acknowledge them, employ ourselves as we will in searching for their sources.

Hear what Bacon says, and estimate what Hahnemann has done :—" Subjectum illud medicinæ (corpus nimirum humanum), ex omnibus quæ natura procreavit maxime est capax remedii ; sed vicissim illud remedium maxime est obnoxium errori. Eadem namque subjecti subtilitas et varietas, ut magnam medendi facultatem præbet, sic maximam etiam aberrandi facilitatem." Under the guidance of the homœopathic law, this facility of error is diminished in proportion as that law is honestly observed ; and from the treasury of nature the careful students of succeeding generations will be evermore adding something to true therapeutics ;

Et quoniam variant morbi, variabimus artes :
Mille mali species, mille salutis erunt.

The sage was now to reap the bitter-sweet of the discoverer. His own consciousness of the mighty benefit he had been the instrument of conferring on his fellow-creatures ; the number of the converts and coadjutors who subscribed to his law, and adopted his method of healing ; the testimonies to his genius

and truthfulness freely tendered by some of his ablest contemporaries, who, from whatever cause, left not their ancient way ; it may be, the love of fame (“ that last infirmity of noble minds :”) this made the sweet of his portion. The bitter was found in the obloquy and persecution which he was speedily to experience. From the very nature of the case, his rivals and opponents would be made furious by the success of his practice ; and the dispensers of drugs would look with no favour on him who would have his fellow-citizens to dispense altogether with their drugs. He was obliged, from the necessity of the case, independent of the wisdom of the measure, to prepare and dispense his own remedies. Whereupon an obsolete law, that gave an exclusive monopoly to privileged apothecaries, and refused to physicians the power of dispensing medicines, was revived against him, and he was obliged to give way. Thus, like the wise Ulysses, driven from place to place, he became conversant with many men and many cities ; and thus were his law and therapeutics more and more made known. Nor was he wanting to himself in any available way of disseminating the truths of which he was the appointed interpreter. He furnished article after article to Hufeland’s journal : was fiercely attacked, returned to the charge, and ceased not till he had established the fact, that there was something in the man, and something in his law of healing, and something in his therapeutics.

The scarlet fever gave him an opportunity of proving, that belladonna was in many cases *prophylactic*, as well as curative in that disease. He had noticed that children poisoned with the berries of belladonna were affected with symptoms similar to those of scarlatina. In accordance with his law, he used it as a remedy for the disease. He then asked himself, if the *vaccine*, which resembles the variolous disease, is prophylactic against small-pox, may not belladonna be a prophylactic against scarlet-fever, since it produces symptoms similar to those of that affection ? Experiments, *more suo*, were accordingly made ; and the fact that belladonna does possess, in general, the power of preventing or mitigating scarlet-fever, is now well known. Thus did he indicate the right way of endeavouring to increase the number of prophylactics.

In 1805 he published his “*Fragmenta de Viribus Medicamentarum positivis*,” the germ of the “*Pure Materia Medica*.”

In 1810 he published his “*Organon of the Healing Art*.”

In 1811 he published the “*Pure Materia Medica* ;” and in 1828, his book on chronic diseases. In the first of these publications, we have the result of fifteen, and in the last of thirty-eight years of Hahnemann’s experience ; so patient was he, so willing to repeat and verify his experiments, so content to bide his time, and so desirous that the seed of his doctrine should be cast on a soil in some measure prepared for its reception. We dwell on the lateness of these publications, because it has been the fashion of some to admit his learning, his prodigious industry, and even his genius, but to class him with rash and precipitate enthusiasts. That he was an enthusiast, in the high and original sense of the word, is most true : “*Nemo vir magnus sine afflatu aliquo divino unquam fuit*.” In the true sense of the word, he was also eminently empirical ; but no man was ever more practical in what was the proper business of his life, no man was less of a dreaming enthusiast, or rash empiric in the debased and vulgar sense of those words. He was the *hero* of his art ; his intellectual being overflowed with the delightful consciousness of its being exercised as an instrument of Providence for the benefit of man. Hear him speak on this subject in his address on the opening of the Homœopathic Society at Paris :—“ I present to you a *truth* long sought for—a divine revelation of a principle of eternal nature. I appeal to existing facts alone to convince you ; and when a conscientious and complete course of study shall crown your researches with success, then, as I have done, bless Providence for the immense benefaction he has allowed to descend upon the earth through my humble agency, for I have been but a feeble instrument of that Omnipotence before which we all bow in humility.”

“ I hold,” says Lord Bacon, “ that every man is a debtor to his profession, from the which, as men do of course seek to receive countenance and profit, so ought they of duty to endeavour themselves, by way of amends, to be a help and ornament thereunto.” This sentiment influenced Hahnemann, and the great obligation of duty which he owed to his profes-

sion and fellow-creatures, as an instrument of the goodness of the All-giver, was ever present to his mind. While he felt himself to be in the dark, in a former part of his medical career, compelled to use uncertain remedies without the guidance of any certain principle, he almost altogether desisted from practice; but when light was given to him, when he had the compass to guide him, the voyage of the remainder of his life was for honour and knowledge, and the good of man: he that was well-skilled "in many a virtuous plant and healing herb," and who knew "their strange and vigorous faculties," was always sedulously engaged as a healer and as a teacher. He felt always that he must regularly and resolutely advance in the work assigned him by his great Taskmaster.

We find him again at Leipsic in 1811, engaged in the publication of his *Materia Medica*, and in the labours of medical practice; but he was obliged to leave the city, after some years' success, from the opposition of the apothecaries. He went to Coethen in 1821, and was made a councillor of state by the Duke of Anhalt Coethen, and enjoyed an immunity from the monopoly of the apothecaries. He had already commenced his investigations into the nature of chronic diseases and their treatment, which he now diligently pursued. The appearance of his work on this subject, in 1828, gave a fresh impetus to the extension of his doctrine, and provoked a new storm of hostility. Here, as always, his facts and experience are invaluable, whatever may be thought of his theory. He maintains, that chronic diseases result from one or other of three miasms, *psora*, *syphilis*, and *sycosis*; and he affirms that there are remedies in the *Materia Medica* capable of eradicating these taints, in accordance with the homœopathic law. Thus he had *anti-psoric*, *anti-syphilitic*, and *anti-sycotic* remedies. Certain it is, that many chronic diseases, incurable by the means in ordinary use, are curable by those remedies. We believe his theory to be correct, to a certain extent, though far from being a complete exposition of the etiology of chronic diseases. Whether this theory of Hahnemann be right or not, the facts remain the same.

Though the storm of hostility raged against him, Hahnemann enjoyed a peaceful residence at Coethen for fifteen years;

he took no notice of his assailants, and left the arbitrement of his cause to time and posterity. Disciples, worthy of him, gathered round him: his doctrines began to spread through Europe; and from the loop-hole of his quiet retreat, the medical philosopher looked out patiently, but hopefully, on the struggle that was going on between his advocates and his adversaries. Though a widower; he had affectionate children, who appreciated him as a sage, while they loved him as a man. He was as scrupulously attentive to the poor as to the rich. We quote, as belonging to this time, the testimony of Peschier of Geneva:—

“Hahnemann records with great precision the totality of symptoms or entire group of sufferings of the patient, inclusive of all constitutional ailments, previously manifested in his own person, or of any hereditary taints characteristic of his progenitors. On the completion of his record, the symptoms of the disease are most carefully arranged to correspond with the indications of the drug he deems most appropriate to the case; but in reaching this conclusion, he neither confides in his memory, nor relies solely upon his long experience, but has constantly before him the *Materia Medica* and *Rückert's Repertory*, from which he culls every remedy the emergency of the disease demands. As he pursues this course towards every patient, we can readily conceive how completely and incessantly his time must be occupied by the history of his consultations. It is not, therefore, by hap-hazard or by routine, that Hahnemann treats the sick; but guided by a pure conscience, and exercising a profound reflection, this medical philosopher not only exerts himself to accomplish cures, but, if possible, to perfect the science of Homœopathy by keeping up a course of continual observations on the action of remedies, whether ancient or recent, which are daily essayed in the crucibles of experience.”

Compare this method of proceeding with the *veni vidi* (but too often *non vici*) way of routine practitioners; the tongue looked at, the pulse felt, half-a-dozen questions asked, and away. The clinical accuracy of Hippocrates and Sydenham, and the minute investigation of Hahnemann, cannot be too much valued. We may observe in this place, by the way,

that our opponents confidently assert, that, while symptoms are attended to by us, we neglect pathology. This assertion we flatly deny: the actual pathology of the disease is as much considered by the instructed physician, who treats the case according to the Homœopathic law and with the Homœopathic remedies, as by him who treats the disease on the contrarious law and with the contrarious remedies. The great sagacity and extraordinary experience of Hahnemann enabled him to practise successfully by attending to symptoms chiefly; but this is no reason why his followers should neglect pathology—nor do they.

Hahnemann's second marriage, to a French lady, in his eightieth year, led to his final settlement in Paris, which thus became the centre of the Homœopathic Reform, the light of the truth having radiated in many lines to the periphery of the civilized world. Though he sought retirement, he was speedily found out, and was for several years engaged in practice. It has been reported, that the last few years of his life were employed in revising his chief works, and in drawing up a summary of his views and his experience. A digest of his cases will prove a valuable bequest to his followers.

He died at Paris on the 2d of July last. Though he had been ill for many weeks before, few of those around him anticipated that his demise was near at hand: but he himself seemed to have been fully aware, some months before his death, that he was fast approaching the natural termination of so long a life; as he observed to one of his friends about that time, "It is perhaps time that I quit this earth, but I leave it all, and always, in the hands of my God." He also said, on the same occasion, "My head is full of truth for the good of mankind, and I have no wish to live but in so far as I can serve my fellow-men." His intellect remained quite unclouded to the last, and but a few moments before his death, he uttered some epithet of endearment to his wife, and pressed the hand of his favourite servant, who was supporting him in his arms. The intellect unclouded, and the heart warm in its affections to the last, are pleasant images to associate with the death-bed of a great and a good man. A natural piety

was interwoven with his being; we hope he was cheered with the consolations that are only derivable from revelation.

We have thus briefly traced the medical life of Hahnemann from its commencement to its close. We have seen him, after many difficulties overcome, much obloquy and persecution outlived, and after many traverses of fortune, crowned with signal success—

And that which should accompany old age,
As honour, love, obedience, troops of friends.

He has been aptly compared with Hippocrates, the father of medicine. The Greek and the Saxon were alike in their resistance to dominant theories which vitiated medical practice; alike in being medical reformers; alike in close observation of the symptoms of disease; equally remarkable for strict attention to dietetics; and both were favoured with unusual length of days (Hippocrates died in his 99th year), and left flourishing schools. He may still more aptly be compared with one of his own country, but of a different profession—Martin Luther. They were alike in hardihood and powers of endurance and resistance; in love of truth and intellect; in untamed will, and untiring energy. What Martin Luther effected in theology, Hahnemann did in medicine. The hierarchy of old authorities, only venerable because of their assumed right to dictate to men's consciences and understandings, was unceremoniously toppled down by both; the *Stare super vias antiquas* was the rule of neither. Both were interpreters of truth; both, after having stated the truth, and opened out new views to men, albeit their hatred to dogmatism in others, had a tendency to dogmatise themselves; but each loved liberty, and achieved it for themselves and their followers. Luther's sway in the realm of thought continues—and so will Hahnemann's. Both were trained up in trammels; both burst them and cast them aside with Titanic force. Each was a Prometheus in his way—but Prometheus unbound, and scattering blessings on the human family which he had loved so well, and for which he had suffered so much. We trust both have the true reward:—

Fame is no plant that grows on mortal soil,
Nor in the glistening foil

Set off to the world, nor in broad rumour lies;
But lives and spreads aloft by those pure eyes
And perfect witness of the all-judging One:
As He pronounces lastly on each deed,
Of so much fame in heaven expect thy meed.

THE MEDICINE OF EXPERIENCE.

By SAMUEL HAHNEMANN.

CONSIDERED as an animal, man has been created more helpless than all others. He has not the strength of the bull, nor the speed of the stag—he has no wings, nor fins, nor has he an impenetrable shield like the tortoise, nor any instinctive retreat like the insect and the worm! No physical resource has he which scares and disperses his enemies like the hedgehog or torpedo—no sting, no venom like the viper or the bee!

To the attacks of natural enemies and of his species he is exposed, utterly naked and defenceless! Regarding him as an *animal*, he has nothing to oppose to the action of the elements and meteoric influences; he has no brilliant impermeable skin like the seal, nor compact and oily plumage like the water-fowl, nor shining cuirass like aquatic beetle to protect him from the waves. As the specific gravity of his body is scarcely less than water, he swims with more difficulty and danger than any quadruped, and when that element is frozen and the icy blast assails him, nature has given to *him* no warm covering like that of the Polar bear. The lamb, immediately on its entrance into this world, knows how to find its mother's breast, but the child would perish were not the tender parent who bore it to *give* it the necessary nourishment. Nowhere does nature prepare for him food ready for his use like that for the ant, the caterpillar, and the Egyptian rat, or the expanded flower for the bees. He is liable to a greater number of maladies than the brute creation, who, besides, to oppose those invisible enemies of their being, possess an innate art equally invisible—an instinct denied to *him*!

Man alone quits painfully the womb of his mother; he alone comes forth naked, weak, and defenceless, deprived of all which

could make his existence supportable ; of all the bounty with which nature has enriched the very insect that creeps in the dust. Where, then, is the goodness of the Creator which could disinherit man, and man alone, of all his offspring, of the means of supporting life ?

Ah ! the eternal source of love disinherited man of all animal endowments, the more richly to ennoble him with the spark of divinity—the soul, which, from its own fulness supplies his every want, secures his highest welfare, and from itself develops that matchless superiority which exalts this child of earth above all that do inhabit it. The soul, which is itself imperishable, furnishes its fragile tenement of clay with apparatus for its sustenance, protection, defence, and comfort, such as not the most highly favoured creature has derived directly from the hand of nature.

It is upon this energy of the human mind in discovering resources, that the Father of mankind principally relied in order to arrest the evils with which the delicate organism of his children would be afflicted. It was necessary that the efforts which the body alone was capable of making for the removal of disease, should be very limited, in order that the human mind of man might more forcibly feel the necessity of himself discovering more powerful auxiliaries than those which the Creator had thought fit to implant in his frame.

There is nothing offered by Nature which we can use to satisfy our wants in the state she presents it ; our minds must detect out of its resources the means of making it conducive to our comfort. She causes the ears of corn to spring from the bosom of the earth, not that we should swallow them in their raw and unwholesome state, but that by means of fermentation and heat we might divest them of all their hurtful and medicinal qualities, and make them into bread ; that is to say, into a food rendered innoxious and nourishing by the perfecting power of our genius. From the creation of the world thunder has destroyed both animals and men, but the Creator has willed that the mind of man should discover a means to ward off the fire of heaven from his dwelling. It is thus that he permits all natural agents to have a detrimental effect upon us, to the end that we may exert ourselves to dis-

cover some counteracting principle which may diminish those inconveniences to which they subject us.

In like manner, he allows an innumerable multitude of diseases to attack and master our delicate organism, to threaten it with death and destruction, knowing well that our animal nature is not able of itself to repel the invader without sorely suffering from the contest, or sinking in defeat. But it was necessary to shew how weak, limited, and insufficient were the curative resources of the unassisted organism, in order that our mind might be forced to employ its noble attributes, where the most precious of earthly possessions, health and life, were at stake. The Father of mankind willed not that we should simply ape the operations of Nature; he willed that we should do more than she, but in another method, and with other means. To man it was not given to create a horse, but he can make a machine more powerful than a hundred horses, and more manageable too. He has allowed us to construct vessels in which, sheltered from the monsters of the deep, the fury of hurricanes, and surrounded by all the comforts of land, we can circumnavigate the globe, which fish cannot do; hence his refusal to us of fins, gills, and swimming bladders, such as fishes possess. He has denied us the plumage of the condor, but he has permitted us to discover the art of confining a buoyant gas, which carries us silently through atmospheric regions all unknown to its winged inhabitants.

So he does not allow us to employ sphacelus for the separation of a crushed and mangled limb, as the unaided animal organism would do; but he put the sharp, swift-dividing knife in our hands, moistened with oil by the hand of man, that we might do the work with less pain, less fever, and far less danger to life. He allows us not to employ the so-called crisis for the cure of fevers as nature does; we are not to imitate the critical sweats, critical urine, critical abscesses, and critical bleedings of the nose; but after patient search we find the means of curing more rapidly, more surely, more easily, with much less pain, much less danger to life, and much less consequent suffering.

I am astonished, therefore, at medicine being so rarely elevated beyond an attempted imitation of these rude movements,

and that, almost universally, it has been thought there was nothing better to be done for the cure of disease than to excite the system to evacuations by means of perspirations, stools, vomiting, bleeding, and artificial ulcers! Such has been the favourite practice from the most ancient times down to the present day. On it we have been incessantly thrown back when methods founded on abstract theories disappointed the expectations which they had raised, as if these forced and incomplete imitations were the same thing as the crises which Nature produces from the secret sources where her powers are elaborated! as if these crises were the best means of subduing disease! as if they were not rather proofs of the therapeutic impotence to which the Supreme has intentionally condemned our nature when abandoned to itself. Never has it been in our power to excite spontaneous efforts of the organism by artificial means, and the thing in itself implies a contradiction. Never could it have been the will of the Creator that we should act upon any such idea. His will is, that we should bring to perfection our individual animal frame, and the cure of its diseases.

Up to the present time, pure surgery alone has, to some extent, followed these wise suggestions. Whilst Nature, left to herself, only succeeds in expelling the splinter of a bone by inducing a fever which compromises life, and a suppuration which all but entirely destroys the limb; the surgeon, after having made the necessary incisions in the soft parts which cover it, extracts it with little pain, without formidable consequences, and without affecting the strength. Slow fever, accompanied by insupportable pain, wearing out the constitution to the very brink of the grave, is almost the only means by which the organism can oppose a large stone developed in the bladder, but by the aid of an incision, the skilful hand of the surgeon relieves the patient in a few minutes of this foreign body, and thus spares him tedious suffering terminated by a miserable death.

Or, must we strive to imitate the gangrene and suppuration of a strangulated hernia, because this and death are Nature's only terminations? Should we have done sufficient towards saving the life of a man who is losing all his blood from a large

artery, if we merely threw him into a fainting fit which suspended the hæmorrhage for half an hour? Should we not rather have recourse to the tourniquet, the ligature, or the plug? It is always, indeed, a matter of the deepest wonder to observe how Nature, abandoned to herself, deprived of the aid of surgery, and receiving no succour from without, so often succeeds in curing diseases and accidents, although with much pain and trouble to the sufferer, and endangering life. But in acting thus, she does not intend us to follow her example.

We cannot, we ought not, to imitate her, because there are means infinitely more easy, more prompt, and more sure, which the mind of man is destined to discover, in order to fulfil the requirements of the most essential and most elevated of sciences—*Medicine*.

ἀτελεῖς αὐτοῦ, πρᾶξις καὶ λόγος ἀπραγτος. Greg. Mag.

Sect. II. *Medicine* is a science of experience. Its business is to oppose maladies by remedies. The knowledge of disease, the knowledge of remedies, and of their application, constitutes medicine.

Sect. III. Whilst the wise and good Creator has permitted the possibility of innumerable aberrations from health of the body, which we call diseases, he must have revealed to us clearly the means of acquiring, in behalf of these diseases, as much knowledge as we need possess in order to find the proper remedies to overcome them; he must have shewn us no less clearly the means of discovering in medicines the properties which render them fitted for the cure of disease. Otherwise he would have left his children without relief, or exacted from them what was beyond their power.

This art, so necessary to suffering humanity, can be diffused neither through the unfathomable abyss of dark speculation, or the boundless void of conjecture. It must be within our reach, within our grasp, within the visual sphere of our external and internal perceptions.

Physicians have lost two thousand years in seeking to discover the invisible changes which the interior of the body gives evidence of during disease, their first causes, and the nature of their being, because they believed that they could not cure until they had attained this unattainable knowledge.

Although the failure of these long-continued efforts is not positive proof of the impossibility of success, the experimental fact of their being necessary for cure should at once suffice to establish their impossibility. For the great Spirit of the Universe, that most consistent of beings, has rendered only that possible which is necessary.

Sect. IV. Although we never can discover the internal changes of the body, which are the source of diseases, yet the knowledge of their external causes has its use.

“No effect without a cause.” All diseases, then, have their cause, however hidden it may be from us in the greater proportion of cases.

We observe some diseases, few in number, which arise always from one and the same cause. Such, for instance, as the miasmatic ; hydrophobia, syphilis, plague, yellow fever, small-pox, cow-pox, measles, and some others. They have this peculiarity, that they always remain peculiar diseases, and that, depending on an unvarying contagious principle, they invariably preserve the same character, and the same course, setting aside certain shades of difference depending on accessory circumstances, which, however, do not affect their fundamental characteristics. It is possible, also, that some maladies, the miasmatic sources of which we cannot discover, such as the gout, ague, and many others endemic in different countries, depend equally on a primary cause, which remains always the same, or else a permanent union of various causes, which tend to combine, without which they would not constitute diseases so well characterized, nor would they be so frequent.

These diseases, *few* in number, at least the first mentioned, the miasmatic, may be considered as specific diseases, and be called by a specific name.

He who has found a remedy for one of these will be able to cure it all times and places, because a disease of this nature ever remains fundamentally the same, both in its manifestations and in its cause.

All the other maladies are so different the one from the other, as regards these symptoms, that it may be safely said,

that they depend on a concurrence of many diversified causes, varying in their number, nature, and intensity.

It is possible to calculate how many words the twenty-four letters of the alphabet may number, when properly combined, great as that number may be; but it is not possible to enumerate the diseases which differ from each other, because our bodies may be affected by numberless external circumstances, for the most part still unknown, and by just as many internal influences.

Every thing which exercises a specific action (and their number is incalculable) may have an influence on our organism, which is in connection and in conflict with all the elements of the universe, and may produce in it changes as varied as they, the causes which determine them, are themselves.

What diversity must there not be in the result of the action of these powers, when several of them exert their influence on the body at the same time, in varied order and succession, and with different degrees of intensity, seeing that these bodies offer so much variety in their organization, and differ so much from each other at the various epochs of life, that no human being exactly resembles another in any respect whatever! Hence it follows, that, with the exception of a small number of diseases endowed with a separate existence, all others, in quantity innumerable, are so different, that each of them is seldom observed more than once; and that each case which we meet with ought to be considered and treated as a solitary malady which has never yet appeared precisely as we see it in the present case, under like circumstances, and is never perhaps to reappear exactly in the same form.

The internal nature of each malady, of each isolated morbid case, in as far as we require to know it in order to cure it, is ascertained by a careful observation of the symptoms, in their collective and individual intensity, and in their connection and succession.

After having recognised all the existing and appreciable symptoms of the disease, the physician has discovered the disease itself; he has a complete knowledge of it,—he knows what is necessary to be done in order to cure it.

To arrive at a cure, it is necessary to have a faithful portrait of the disease, comprehending the whole of its symptoms. To this should be added, when the thing is possible, an acquaintance with the cause, in order, after a cure is obtained by the use of medicines, to be enabled to remove the cause itself, by means of a corrected regimen, and to prevent a relapse.

The physician who wishes to trace the “*tableau*” of a malady, needs only to observe with attention and copy with fidelity. He must avoid all conjectures and suggestions.

Sect. V. The patient relates the history of his malady ; his attendants write down his case : the physician examines, hears, feels, &c., in order to recognise whatever evidences of change there may be in him, or departure from ordinary rule ; and, in order to have a correct impression—a portrait of his malady—he writes down all his remarks in a certain order.

The prevailing symptoms, the most decided, most painful to the patient, are the chief and most important of all. The physician marks them down as forming the most prominent features of the symptomatic group. The symptoms of an extraordinary and peculiar kind furnish the characteristic, distinctive, individual marks of the case.

The physician hears the sick man and those with him in silence, noting every thing with care. He then again asks what were and what are still the most permanent symptoms, the most frequent, the most violent and painful ; he requests him again to describe his sensations exactly, to recapitulate the progress of events, to point out with more rigorous precision the primary seat of his sufferings ; he desires the attendants to recommence their report, selecting such terms as appear to express with most precision that which they have already described with regard to the changes observed in the patient.

If, on comparing this fresh recital with the one already made, the physician finds the expressions and descriptions correspond, he may consider them true, and regard them as the expressions of the patient’s sensations. If they do not accord the one with the other, he submits the discrepancy to the patient himself, or to the assistants, in order that they may

decide which is true. In this manner he confirms what is true, and rectifies what requires alteration.

If the portrait be not yet complete, if there be any portion or function of the body which the patient or assistants have not noticed, the physician addresses questions relative to these parts and functions, but framed in general terms, in order that those whom he investigates may be themselves led to disclose the minutiae.

When once the patient, in whom alone, when the disease is not feigned, one ought to have full confidence, in as far as regards sensations, has been led to furnish us, of his own accord, with a complete enough picture of his case, the physician may then question him more particularly. But as these questions bear slightly the character of suggestions, he ought not to take for granted that the first answers are correct; after having noted them, he should recommence his enquiries under another form, and in another order, being careful to add nothing, and confining himself to retrace the exact state of circumstances.

Nevertheless, it often happens that an intelligent patient will spare the physician these particular questions, and that he will, in the course of his recital, detail those indications which render them necessary. The examination being finished, the physician adds what he himself has silently observed in the patient, and compares these observations with what has been remarked by the attendants. The physician then learns what are the remedies and popular nostrums, or other treatment to which he has been subjected; and, above all, that of the last few days. He chiefly inquires what have been the attendant circumstances before the use, or during the discontinuance, of all medicine. This latter form is what he considers the original state; the other is a partial and artificial modification of the disease, which, however, it is sometimes necessary to take, and treat such as it is, when the emergency is pressing, and admits of no delay. If it be a chronic affection, we leave the patient without medicine for several days, in order that the disease may return to its original form, and defer a more scrupulous examination of its symptoms until that time, in order to found the method of treatment upon

real and solid symptoms, and not upon those fleeting and false indications to which the old treatment has given birth. It is only the pressing case of an acute disease, which should make us neglect this precaution. In the last place, the physician should inform himself of the general attributed cause of the disease. Scarcely out of ten cases can we find one where the patient and the attendants can assign a specific cause. But if there be an undoubted cause, it will almost always have been mentioned during the relation of the case. Generally, when it is necessary to ask questions on this head, nothing but uncertain information is obtained. I except those causes which delicacy prevents patients and friends declaring, at any rate of their own accord, and of which the doctor should inform himself by judicious questions, or by indirect information. With this exception, it is often objectionable, or, at any rate, useless, to have recourse to suggestions, in order to find an occasional cause, the more so, as our art knows but very few which could guide it to remedies, without having regard to symptoms, of the affection which the existing cause has given rise to.

In taking all these precautions, the physician obtains a pure and exact picture of the disease ; he has under his eyes a faithful portrait of the malady itself, without which, man who looks at nothing save through the medium of his sense, could not discover the property of any thing, and certainly not of disease. The disease being discovered, it is necessary to find a remedy.

(To be continued.)

ON DIET.

By P. F. CURIE, M.D.

The cures performed by Homœopathy are now too numerous and self-evident to admit of denial. To explain them away, to attribute them to any cause rather than to the superiority of the system, is, therefore, the only course left to its opponents, and, accordingly, a number of ingenious speculations have been

given to the public. Some assert that all homœopathic cures are due to the *vis medicatrix* alone; others attribute them to a judicious diet; and a third class to the conjoint action of both these causes.

To say that Nature is the chief agent in the cure of disease, is to proclaim an important principle which was known in the earliest ages. It formed the foundation of the doctrines of Hippocrates, and from him down to the present day physicians have admitted the existence of a curative power, which indeed could not be denied, so long as examples were to be found of the recovery of sick persons without the assistance of medicine. But other and more numerous facts were likewise met with, shewing that this power is usually insufficient without adventitious aid; and hence the necessity for the healing art. The only question now at issue is the discovery of the means by which the *vis medicatrix naturæ* may be most effectually assisted—whether by allopathy or homœopathy.

We join in the belief that, in a few recent and slight complaints, the adoption of a proper diet may go far to restore the patient; but more than this will not be alleged by the most sanguine. It offers, therefore, no explanation of the success of the homœopathic practice, for by that practice we have cured cases of epilepsy, acute and chronic pneumonia, pleuritis, phthisis, cancerous and scirrhus metritis, cancer and scirrhus of the breast, amaurosis, scrofulcus disorganization, deafness (also with dumbness), dropsy, cataract, croup, gastro-enteritis with disorganization, &c. &c.; all of them when inveterate, and deemed incurable.* If these effects are attributed to diet alone, the correctness of the allegation may very easily be tested. Let the public and the profession try the effect of the diet which at the conclusion of these papers we propose to set forth, and if it can be proved that, under its sole influence, serious disorganization can be cured, we shall very willingly acknowledge its influence, and confess our error.

To a clear understanding of the object aimed at in the die-

* All these diseases have been cured at the Hospital, Hanover Square, London, where the details of the cases, together with the addresses of the patients, are open to all inquirers. Similar cures are to be met with in every institution conducted upon homœopathic principles.

tetic rules which we enforce, some general preliminary remarks will be necessary. These remarks will occupy our present space, and in the succeeding Number we shall proceed to detail and explain the rules which we prescribe.

All bodies in nature are subject to a general law of transformation; and, in obedience to it, the human frame, even during life, constantly gives off a portion of its substance, for which loss an equivalent is supplied in the aliments it receives. These aliments are offered to our choice in many peculiar forms, and they present combinations different from those of the human tissues. It is by means of a series of organs formed and combined in view of this circumstance, and through the agency of a chemical force possessed by living bodies, that this transformation, known as digestion and assimilation, is performed.

The series of organs constituting the digestive apparatus, are the mouth, the pharynx, the œsophagus, the stomach, the intestines, and the several annexed glands. These organs are stimulated in various ways by the respective aliments presented to them.

The object of digestion is the formation of chyle, a result of the reciprocal action of the digestive organs, and the aliment conveyed to them. The food placed in the mouth is masticated by the teeth, moistened with saliva, and modified in its temperature, taste, and smell. Gliding into the pharynx, which forces it into the œsophagus, it passes to the stomach, where it is acted upon by the gastric juice and mucus, and reduced into *chyme*. It is mixed with the bile and the pancreatic secretion in the duodenum, where originates the separation of the *chyle* and its absorption by a new order of vessels—the chyliferous—by means of which it is carried into the vascular system and mingled with the venous blood. Next it is carried to the lungs, whose office it is to place it in contact with the air, and to determine its complete transformation into a matter homogeneous with the living organs.

The chyle is a milky white fluid, composed of *fibrin*, *albumen*, a *fatty matter*, *soda*, *chloride of sodium*, and *phosphate of lime*. These elements vary in their proportion according to the nature of the aliments whence they are derived.

The nature of an aliment is known by—

1st, Its local or general action.

2d, The quantity and quality of the chyle that it produces.

3d, The duration of its retention in the intestinal canal.

4th, The residuum evacuated.

Aliments are found both in the animal and vegetable kingdom (minerals produce only seasonings, medicines, and poisons.)

They are divided into a number of classes; each founded on a knowledge of its constituent elements.

1. The Fibrinous.
2. The Gelatinous.
3. The Albuminous.
4. The Mixed.
5. The Amylaceous.
6. The Mucilaginous.
7. The Mucoso-Saccharine.
8. The Oleaginous and Feculent.
9. The Caseous.

1. THE FIBRINOUS.—An aliment thus named because it is chiefly constituted by fibrin, which is found in the chyle, in the blood, and in the muscular tissue. Fibrin is a solid, white, insipid, and inodorous substance. It is heavier than water; soft, and lightly elastic. It assumes a yellow colour when dried. According to the most recent analysis, it is composed of—

Carbon,	53.360.	Oxygen,	19.685.
Hydrogen,	7.021.	Azote,.....	1 9.934.

The aliment, which is chiefly constituted by fibrin, contains also other principles. In addition to it are found gelatin, albumen, and osmazome, which is a red-brown, aromatic, and sapid principle.

The muscular tissue of animals contains the fibrinous principle. It is met with in the following mammalias, viz. :—

The Ox.	The Sheep.	The Pig.
The Horse.	The Wild Boar.	The Roebuck.
The Deer.	The Hare.	The Rabbit.

Amongst birds, in—

The Cock.	The Pustado.	The Peacock.	The Thrush.
The Blackbird.	The Woodcock.	The Pheasant.	The Duck.
The Goose.	The Pigeon.	The Lark.	The Quail.
The Ortolan.	The Water-Quail.	The Bustard.	The Partridge.
The Grouse.	The Plover.	The Snipe.	The Starling.
The Teal.	The Wheatear.	The White Tail.	The Lapwing.

The local effect of the fibrinous aliment is to excite an increased action of the digestive organs, to raise the temperature of the stomach, to accelerate the circulation of blood in the mucous membrane, and to cause a more abundant secretion of juices.

Its general effect is an acceleration of the circulation, and an increase of vital heat. The consequence of its digestion is a development of strength, chiefly muscular. In fine, the aliment in which this principle predominates—more particularly when it has not been deprived of osmazome—is of all others the most stimulating and nutritious.

It has been shewn by observation, that taken too freely and nearly alone, this aliment may occasion apoplexy, gout, rheumatism, hæmorrhages, and irritative congestions of all kinds, because, in such cases, being disproportioned to the losses sustained, it no longer acts as a reparative nutriment, but as a morbid excitant. On the other hand, complete abstinence from it diminishes the power of the organization, and the energy of its functions.

2. THE GELATINOUS.—The chief principle in the gelatinous aliment is gelatin. It is found to predominate in the skin, the ligaments, the aponeuroses, the membranes, the bones, &c. Gelatin is semi-transparent, white, inodorous, insipid, and heavier than water. According to the latest analysis, it is constituted as follows, viz:—

Carbon,.....	47.881.	Hydrogen,	7.914.
Oxygen,	27.207.	Azote,	16.933.

In all the animals previously enumerated, when very young, the gelatinous principle is met with. A large proportion of it is especially found in the four stomachs, the feet, the tendons, and the legs of the ox. It may here be mentioned, that the relative proportions in the quantity of fibrin and gelatin is not the only difference between adult and very young animals: the latter appear to be totally deficient in osmazome, or present it in a very small degree.

The gelatinous aliment enfeebles the digestive powers, as if it were not sufficiently nutritious. It excites in the intestine the power of expulsion, and it is often rejected very rapidly,—

a circumstance which has caused it to be regarded as a laxative. Its local effect is generally imperceptible. It is said, when well digested, to be sufficiently nutritious; but it is probable that this may more correctly be ascribed to the fibrin it contains, and which being properly separated and digested, acts in its usual manner. The fibrinous aliment leaves scarcely any residuum in the digestive tube, while the gelatinous, even when well digested, produces much fecal matter. It would, therefore, seem that gelatin is available to nutrition chiefly in proportion to the quantity of fibrin associated with it.

3. THE ALBUMINOUS, of which the principal constituent is albumen. It is chiefly found in the blood and in the white of eggs. In the fluid state, it is a white, transparent, inodorous substance, slightly sapid, and heavier than water. It is composed of—

Carbon,	52.883.	Azote,	15.705.
Oxygen,	23.827.	And a small portion of Sulphur.	
Hydrogen,	7.540.		

The influence of heat upon albumen modifies its action upon the digestive organs. Taken in its crude state, diluted with water, it is rapidly digested without evolving any heat. When boiled, it acts differently. In either case, it is very nutritious, and leaves but little residuum.

The albuminous alimentary principle is found in the eggs of the gallinaceous birds, the white of which is pure albumen; also in the spawn of fishes, oysters, mussels, and mollusca in general, as well as the brain, liver, blood, and thymus glands of the animals already enumerated.

4. THE MIXED.—The aliments in which fibrin, gelatin, and albumen are found in nearly equal quantities, are all comprised under the denomination of mixed, and constitute the fourth class.

This is found in the fish which differ essentially from the mammalia and birds, inasmuch as their flesh is deficient in osmazome, that sapid and stimulating principle which gives both flavour and colour to roasted meats. The flesh of fish develops but little heat in the process of digestion; it nourishes without exciting, and stimulates no function. An exception,

however, must be made as regards those which possess in abundance an oleaginous property.

5. THE AMYLACEOUS.—This is principally constituted by starch, or the amylaceous fecula. It is met with in the seeds of all the *Leguminosæ*, in the *palms*, *chestnuts*, and *potatoes*, the roots of the *arum*, the *bryony*, and several species of *Jatropha*.

Amongst the Graminea it is found in—

Wheat,	Barley,	} Reduced to flour.
Rye,	Oats (gruel),	
Also in Rice,	Tapioca,	
Indian Corn,	Kidney-Beans,	} In the dried state.
Horse-Chestnut,	Pease,	
Sago,	Common Beans,	
Arrow-root,	Lentils,	
Orchis mascula (salop),		

Starch, in its purest condition, is in the form of a white powder, insipid and inodorous. It cracks when pressed by the finger, is insoluble in æther and cold water, but apparently soluble in hot, forming with it in certain proportions a thick glutinous substance, which is coagulable by alcohol. It is changed into sugar when boiled with certain dilute acids, and when fermented together with gluten. It is converted into malic and oxalic acids when boiled in nitric acid, without giving rise to the smallest quantity of mucic acid. Lastly, it assumes a violet-blue colour when in a moist state by the reaction of iodine, and a yellow colour when in a dry state. Its specific weight is 1.53. It contains—

Carbon,	44.26.
Oxygen,	49.07.
Hydrogen,	6.67.

In the amylaceous substances used as aliments, the starchy principle is never pure, being always associated with others, such as gluten, sugar, albumen, resins, salts, mucilage, &c.

This aliment is in general more rapidly digested than either the fibrinous, gelatinous, or albuminous. When entirely free from gluten, it gives rise to much flatulency, either in the stomach or intestine. It is the most strengthening of all vegetable substances, and increases the nutritious fluids of the organism.

Incapable of stimulating the vital power to the same extent as the fibrinous principle, or of producing much increase of animal heat, or any perceptible quickening of the circulation, it is not so well suited to enable men to undergo excessive fatigue, or to resist the injurious influence of a low temperature.

Several feculent preparations, such as vermicelli, semolina, maccaroni, &c., belong to the class of amylaceous aliments.

6. THE MUCILAGINOUS.—This is principally constituted by gum, an uncrystallisable proximate principle, insoluble in alcohol, but forming a mucilage with water. It is usually found in the form of small yellow bodies, transparent, brittle, and easily reduced to powder. Its composition is,—

Carbon,	42.23.
Oxygen,	50.84.
Hydrogen,	6.93.

Gum is never found alone in the mucilaginous aliment, but is always associated with some bitter, saccharine, acrid, or acid matter.

This class comprises the following substances, viz. :—

The Carrot.	Lettuce.	French Beans.	Cabbage.
Beet-root.	Endive.	Green Peas.	Cauliflower.
Turnip.	Spinach.	Cucumber.	Broccoli.
Salsify.	Beet.	Melon.	Sorrel.
Parsnip.	Artichoke.	Pampion.	Radish.
Asparagus.	Cardoons.	Rape.	

It excites only in a very slight degree the mucous membrane of the stomach, and its passage through the digestive tube is rapid. It contains but few soluble particles; the residuum is more abundant and less changed than in the preceding aliments. It evolves but little heat, relaxes all the tissues, and, notwithstanding the green starchy principle sometimes associated with it, it contains only a very slight amount of nutriment. If it be united, however, to the fibrinous aliment—cooked, for instance, in a strong gravy—it becomes a nutritious and unexciting article of food, well suited to regulate any increased activity of the vital functions.

7. THE MUCOSO SACCHARINE.—Fruits are in general composed of mucilage, vegetable albumen, sugar, malic, acetic,

citric, tartaric, oxalic, and gallic acids. They remain but a short time in the digestive canal.

It is here proper to remark, that the greater the nutritive properties of an aliment, the longer is its stay in the digestive tube. Dried fruits remain longer than fresh ones, ripe longer than unripe, and those in which mucilage and sugar exist in a concrete form longer than those in which they are found diluted with water. Amongst the most nourishing fruits, we may place—

Figs (especially when dried.)	Raisins (especially when dried.)
Dates, do.	French Plums, do.

Amongst the least nourishing—

Oranges.	Mulberries.	Apricots.
Currants.	Raspberries.	Grapes.
Cherries.	Peaches.	Pineapples, &c.
Strawberries.		

8. THE OLEAGINOUS AND AMYLACEOUS.—This, in addition to the starchy principle, contains fluid-oil, which possesses a slight smell and flavour, and a yellow or yellowish-green colour. Its specific weight is below that of water, and it is composed in equivalents of vapour of—

Carbon,	1.000.
Hydrogen gas,	1.437.
Equivalent of Oxygen,	0.046.

The oily seeds most frequently used are—

Sweet Almonds.	Hazel Nuts.	Cocoa Nuts.
Beech Nuts.	Walnuts.	Cocoa.

This aliment is digested with difficulty, since, owing to the oil that it contains, it is not easily dissolved by the gastric juice. In general, the oily seeds, when fresh, are not remarkably stimulating, but observation shews that some of them may become fatal to men or animals. The beech nut, both in its fresh and dried state, in an inconsiderable quantity, has been known to determine serious symptoms.

9. THE CASEOUS.—The caseous or curdy aliment is found in milk, and its various preparations. There are several kinds of milk, all of which may be used by man in the course of his life. They are the

Human Milk.	Cow's Milk.
Goat's Milk.	Ass's Milk.

which, upon analysis, present the following composition, viz.—

	HUMAN MILK.	COW'S.	GOAT'S.	ASS'S.
Butter.....	3.97	2.68	4.56	.29
Sugar of Milk.....	1.20	3.68	9.12	.29
Casein.....	1.93	8.95	4.38	.95
Solid substance.....		15.31	18.06	9.53
Water.....		84.69	81.94	90.47
	100.00	100.00	100.00	100.00

When milk enters the stomach, its two principal parts are separated; the serum is absorbed by the stomach or intestine, and the curdled part, formed of casein, is reduced into chyme. The latter follows its usual course, traversing the digestive tube (where it remains but a short time), without accelerating the capillary circulation. The caseous aliment is sometimes rapidly expelled, especially by persons unaccustomed to its use, and who require more substantial food. Under other circumstances, it sometimes paralyzes the intestines, and produces constipation. Neither the digestion of milk, nor the hæmatisis of the chyle produced from it, elevate the temperature of the body. The only function which it stimulates is that of the kidneys, which have to remove its innutritious parts. In the class of caseous aliment, cream, butter, milk, and cheese of all kinds, are comprised.

CONDIMENTS.—Having described the various classes of alimentary substances, it is now necessary to speak of *condiments* or seasonings, a term applied to solid or liquid substances, whether simple or compound, which, being mixed with food, develop its flavour and modify or change its qualities.

The seasonings most frequently used are—

Sugar.	Shallots.	Mustard.	Laurel.
Honey.	Leeks.	Tarragon.	Rosemary.
Oil.	Pepper.	Parsley.	Capers in Vinegar.
Fat.	Nutmeg.	Chervil.	Olives in Salt.
Butter.	Cinnamon.	Cresses.	Truffles.
Vinegar.	Ginger.	Rampions.	Mushrooms.
Garlic.	Clove.	Thyme.	Salt.
Onions.	Vanilla.	Sage.	Saltpetre, &c.

These, when used in small quantities, in perfect health, facilitate digestion by stimulating the mucous membrane of the intestinal tube, by exciting the action of its capillaries, and the secretion of the mucous and acid fluids throughout the system. When frequently taken, even in small quantities, they produce after each meal a transient febrile action. By their immoderate use, an artificial stimulus is given to the appetite; food is taken beyond what is necessary for the purpose of reparation, and an over action of the digestive apparatus being thus produced, it is followed either by functional torpidity or an acute or chronic irritation of the digestive organs, and, by sympathy, of all the organs of the frame.

DRINKS.—We now proceed to a consideration of the various fluids taken by man to satisfy thirst, and which may be divided into

1. Unfermented and cooling drinks, such as water and aqueous beverages.
2. Simple fermented drinks, such as wine, cider, and beer.
3. Alcoholic or spirituous drinks, such as brandy, rum, &c.
4. Stimulating or aromatic drinks, such as tea, coffee, &c.

The effects of drinks vary according to the properties of the proximate principles which chiefly constitute them.

Water is the most simple. It is composed of two parts of hydrogen gas and one part of oxygen in volume. Limpid and inodorous, it is capable of dissolving a great number of substances. At the temperature of 62° F. and 30 inches of the barometer, one cubic inch of water weighs 252,458 grains. To be used for drink, it should, moreover, contain some quantity of air.

Water, in passing over the mucous membranes, excites their secretion, and, by the time it reaches the stomach, is brought to the temperature of that viscus. It dilutes the various aliments contained in it, facilitating their mixture with each other, and, by destroying their compactness, presenting them in a larger surface to the action of the gastric juice.

Water acts upon the blood by diminishing its density, and thus facilitating its circulation. Of all drinks, it is that of which the uninterrupted use is most favourable to longevity.

Mr G. W. Nick has observed that cold water, taken frequently in small quantities, has no action upon the pulse, but that when taken in abundance, it retards it from two to four pulsations per minute; an effect which lasts for about half an hour. For a heated condition of the sanguineous system, water is an excellent beverage. Acting almost immediately, it never irritates any tissue, although it promotes the purification of the blood by increasing the secretory action of the skin and the mucous membranes. When taken abundantly upon a full stomach, it impedes the process of digestion by lowering too much the vital powers of that viscus, or else by inducing vomiting, causes the discharge of its contents. Taken fasting, it mixes with the mucous and acid secretions of the stomach, and assuming, with the saliva it contains, the temperature of the parietes of that organ, it becomes turbid, and remains in it for a time, which varies according to the nature of the water, the wants of the economy, &c., but which is always considerably shorter than that required by solid food. It is partly absorbed in the stomach without previous elaboration or transformation, and partly by the small intestine, through the mesenteric veins, into the general circulation.

When, by its immoderate use, the system becomes charged with an inordinate quantity of fluid, it is rapidly carried to the kidneys and to the skin, to be expelled in the form of urine and perspiration. Cold water excites chiefly the urinary secretion; hot water the cutaneous exhalation.

Water fitted for drink must unite the following conditions. It should be fresh, limpid, inodorous, without unpleasant taste, whether insipid, pungent, brackish, or sweet. It should contain air; should be capable of dissolving soap without leaving a precipitate; and of cooking thoroughly, dried pease or beans. Chemists add to these conditions, that it should form but a very slight precipitate by the reaction of nitrate of silver or muriate of barytes, and that it should not form a decided precipitate with chlorine or infusion of gall-nut, which would indicate the presence of animal matter.

Evaporation will suffice to ascertain the presence of extraneous substances. If no residuum be left, it may be regarded as pure. If, moreover, its temperature is carried nearly to boil-

ing heat, and bubbles of air rise to its surface, it is shewn to be sufficiently aërated.

Under these conditions, water is at all times the best drink for man.

The beverages termed cooling are usually prepared with the unfermented juices of the orange, the lemon, or the currant. To understand their effects, it will be sufficient to bear in mind the above remarks on the properties of water, together with the description of that class of aliments termed Mucoso-Saccharine.

Fermented drinks result from the following combination, viz., water, sugar, and ferment.

When we consider fermented drinks in general, without regard to the different principles with which they may be combined, we observe that they each possess a like power of influencing the organization, and that this power is the result of the alcohol which in various proportions they contain. Owing, therefore, to their general similarity, we can comprise them all in the following exposition.

Some authors assert that the alcoholic drinks never mix with the chyle, but that they are directly absorbed in the stomach by the veins, which diffuse them throughout the system by means of the circulation. One of them, Dr Magendie, states, that he has taken the chyle of animals into whose stomach he had injected a certain quantity of dilute alcohol, a solution of camphor, or any other stimulating fluid, whilst they were digesting solid food, and that in no instance did these fluids appear to mix with the chyle. But although the chyle was entirely free from them, the *blood* of the animal was found to contain a very large proportion,—a fact which explains the rapid effect of stimulating or alcoholic drinks upon the whole organism, and more particularly on the brain. Although, however, their more immediate action is upon the brain, the functions of which are instantly disturbed, the effects of their action upon a diseased lung, or upon an external wound, is sufficient to shew that the stimulus is general, and that, when taken by persons suffering under disease, it exerts its most injurious influence upon the morbid part.

When these drinks are taken in any considerable quantity, the following effects are observed :

1st, An excited action of the stomach, frequently to such an extent as to suppress its function in a manner analogous to that of a severe inflammation. Indigestion then follows, accompanied with vomitings of an acid and pungent smell. 2d, An increased action of the heart, causing palpitation, and a febrile state. 3d, Increased action of the brain, resulting in disordered manifestation of the intellectual and moral faculties. Intoxication follows, and general depression, sometimes amounting to stupor, varying in degree according to the intensity of the excitement which has preceded it. Sleep then becomes necessary, and continues until the powers of the over-excited and exhausted organs are in some degree restored. If the organism be frequently subjected to influences of this nature, various diseases ensue, such as aneurism, apoplexy, mania, and acute or chronic disorder of the stomach, intestines, or liver. It will, therefore, be easy to conceive the serious results that must arise from the ingestion of such beverages, when the system is already under the influence of one of these diseases.

We have now to consider the stimulating, or aromatic and unfermented drinks : those most generally used are coffee and tea. Coffee is prepared by infusion from the seeds of the coffee shrub, which are previously roasted and ground. The process of roasting destroys the starchy principle, and, consequently, all the nutritious properties of the grain, while it develops an aromatic and empyreumatic oil, which gives to the infusion its chief peculiarities. It is a powerful excitant, and only accelerates the functions of the system at the expense of their durability ; since, although it temporarily increases their energy, a more than corresponding depression ensues when the excitement has subsided. The stimulating effects of coffee, especially when the infusion is of great strength, often prevents sleep altogether, and always renders it unrefreshing. If, after these warnings have been observed, its use is still persevered in, various nervous disorders may arise, marked by the following symptoms : much agitation, an irre-

sistible inclination to keep in action ; want of sleep ; muscular tremblings ; spasmodic cramps ; anxiety ; palpitations of the heart, &c.

Dr Londe says of the infusion of coffee—" Nothing is more likely to produce emaciation and paleness, to accelerate the exhaustion of the organs of irritable persons, than this stimulating and in no-wise reparative beverage. The habitual use of it after a while enervates the frame, and increases the susceptibility of being affected by all the causes of disease. In weak persons,—in those who lead a sedentary life,—in most of those who dwell in large towns, or are surrounded by influences which enfeeble the constitution,—the habit of drinking coffee causes gnawing pains, and a sense of emptiness in the stomach, which are most distressing ; also a morbid appetite, or more properly speaking, an uneasy sensation like that caused by hunger, but which differs from it, and which ceases only on taking food, to return shortly afterwards with increased violence. These symptoms are frequently accompanied by a feeling of distension at the epigastric and abdominal regions, a sense of suffocation, dyspepsia, sadness, and all the characteristics of gastralgia."

Mr Colet, in a paper read before the London Medical Society on the 3d April 1833, points out, as the effects of the abuse of strong tea and coffee, a sensation of shivering in the left side of the chest, and of weight at its anterior part, accompanied by dyspnoea and frequent sighing. He considers these symptoms as characteristic.

Milk and cream, which are commonly mixed with coffee, attenuate to a slight extent its stimulating property, by imparting their nutritious principles. Nevertheless, in cases where pure coffee is injurious, coffee with milk should equally be forbidden.

By an individual of strong constitution, and in perfect health, coffee in moderate quantities, and at considerable intervals, may be taken without injury, especially if he is exposed to a cold and damp atmosphere, and able to take much exercise ; but in all other circumstances it should be forbidden.

All that has been said of coffee may be applied to tea, which

appears to be composed of mucilage, of extractive matter, of much resin, and of gallic and tannic acids.

If taken after food, tea acts in two ways: *First*, it dilutes the aliments, and destroys their compactness (an effect common to all aqueous drinks); and, *secondly*, it acts upon the stomach itself in the same manner as coffee, whether locally or by communication, through the nervous and circulating systems. It accelerates the pulse from 6 to 12 beats per minute, and in some persons this excited action lasts upwards of 12 hours, when an indescribable nervous agitation is also experienced. In large quantities it gives rise to precisely the same symptoms as coffee,—moreover, like coffee, it is purely exciting, and not nutritious. In cold and damp climates,—in countries where the heat is enervating,—or in misty localities in which the exhalation of the skin is inactive,—a small quantity at long intervals may be taken by strong and healthy persons. In all other circumstances it is injurious.

(To be continued.)

PRACTICAL OBSERVATIONS.

By Dr DRYSDALE, Liverpool.

Having been frequently urged by persons inquiring into Homœopathy, to give cases from our own experience, as explaining to practical men the nature of homœopathic practice better than theoretical disquisitions could do, we shall occasionally make known a few cures which appear interesting or instructive.

We may begin with an example or two of acute inflammation, which is by many looked on as the touchstone of therapeutic systems, and to which the majority of medical men (*i. e.* those who practically know nothing about the matter), conceive the homœopathic method must be quite inapplicable, whatever it may possibly effect in chronic diseases.

PERICARDITIS ACUTA.

N. J., æt. 14, tall, of lymphatic sanguine temperament.

Five years ago had a severe fall on the head, since which time has been subject to "nervousness" and irritability of the heart.

Five months ago, had an attack of pericarditis, for which he was bled to a considerable extent, and otherwise allopathically treated. He recovered, however, according to report, perfectly, except that he has since been liable to short breathing and palpitation on running fast, but only then. About two months ago he had another similar attack, for which he was treated in the same way; the local symptoms were subdued, but the general health and strength had not been completely restored.

12th April 1842.—Yesterday he was seized with shivering, alternating with heat, pain in the region of the heart, quick pulse, &c. These symptoms continued to increase till I saw him,—he had received 3 doses of *aconite* 6.

The symptoms observed by me were violent pain in the region of the apex of the heart, stretching through to the back, and up to the left shoulder.

Tenderness on pressure over the apex of the heart.

Action of the heart irregular. Pulse hard and jarring, ranging from 126 to 140.

Great oppression of breathing, respiration rapid and anxious.

Rheumatic pains in the knees, without swelling.

Skin hot and dry, much thirst, tongue furred,—urine high-coloured and scanty, great restlessness.

Physical signs.—Rubbing sound heard at the base of the heart, chiefly along with the second sound. Bellows sound in the left ventricle at the first sound. [This was so marked, that it most probably was the effect of structural change remaining from the previous attacks in which the endocardium had been likewise affected.]

Prescription, *aconite*, 3*d dil.*, dissolved in water, and a dose given every three hours.

13th.—Has passed a very restless night, and, as reported, had no sleep at all; could not lie in one position for any length of time, but was constantly tossing about; was obliged to have the shoulders raised high in the bed; great thirst.

The pain in the heart greater, and more felt internally between the sternum and scapulæ, and towards the left.

Anxiety and dislike to be left alone.

Since morning is quieter ; less heat of skin ; some perspiration ; pulse 126, but not hard ; less dyspnœa ; bowels opened once.

Spigelia, 9th dil. ; bryonia, 3d dil. alternately, a dose every three hours.

14th.—Better in every respect ; slept a good deal ; pulse still 126, but quite soft and regular. Pain at the apex of the heart gone ; less pain in the left side of the chest, but a good deal of pain felt in the right shoulder and pectoral muscle. Physical signs the same, and in addition some increased dullness on percussion over the region of the heart.

Cont. Spigelia 3, and bryonia 3, alternately every three hours.

16th.—Much improved ; pulse 98, soft. No pain in the left side of the chest ; some pain in right pectoral muscle ; urine still scanty and high coloured ; perspiration ; tongue foul ; no appetite ; no stool. Physical signs the same, but the rubbing sound no longer heard.

Mercury 2, and spigelia 3, alternately every three hours.

18th.—Pulse 70. Symptoms nearly all gone ; convalescent. A few doses of nux vomica, arsenic, and digitalis, restored him, within eight or ten days, to perfect health, except that the bellows-sound in the left ventricle at the systole remained the same as (it most probably was) before this attack.

HEPATITIS ACUTA. The peritoneal coat chiefly affected.

G. R., æt. 13. Entered at the Dispensary 22d April 1843. Fifteen months ago had a cough, with feverish symptoms and wasting ; from this he recovered quite, and was otherwise healthy.

He was awakened on the night of the 20th with a severe darting pain proceeding from the right hypochondrium through to the lower part of the left scapula. It was so violent that he screamed with pain. It continued during yesterday, but was slightly relieved by the bowels being opened with a purgative. To-day the pain is the same, increased on pressure and on

taking a deep inspiration, and extending as above described. He lies on the back, with the limbs drawn up. The pain is worse at night. No cough. Pulse 116, rather compressible; skin hot and dry; much thirst; tongue pale; face flushed; headache on the top and back of the head, with tenderness of the scalp; bowels constipated. The stool procured yesterday by the aid of a purgative was dark, according to report.

Prescription.—*Aconite* 3, *mercury* 3, in solution; a dose alternately every four hours.

23d.—Slept pretty well; skin slightly moist; has no darting pain, but still dull pain. Can bear pressure better; less pain in the shoulder; can lie on both sides, and take a deep inspiration with little uneasiness. Tongue more furred; less thirst; bowels costive; pulse 66, fuller; urine high coloured.

Prescription.—*Bryonia* 3, one dose; then continue *mercury* 3 every four hours.

25th.—Has no pain; bowels moved, bilious stools; slight cough.

Continue mercury three times a day.

29th.—Feels quite well.

Some may be inclined to term such cases happy escapes, or isolated examples of what the unaided powers of Nature may sometimes effect. We would merely direct the attention of such persons to the statistics of the homœopathic treatment of acute inflammation. We find in the reports of the Homœopathic Hospital of Vienna, of 124 cases of pneumonia, 117 were cured, and 7 died: of 155 cases of pleuritis, 152 cured and 3 died: of 49 cases of peritonitis, 46 cured and 3 died.

That such undoubted facts have not hitherto attracted more attention among practical men in this country is to us wholly inexplicable.

LARYNGISMUS STRIDULUS.

N. R., æt. 11 months, had been previously healthy. About a fortnight or three weeks ago was attacked with cough, which soon passed into the crowing disease, attended with convulsions. During that time it had been treated in the usual manner, without any mitigation of the disorder.

The fits come on frequently, both in the day and night.

The fit begins with loud crowing, then the respiration seems quite interrupted, and the face becomes blue ; the child then struggles for breath, and the limbs become violently convulsed. The attack passes off with coughing, perspiration, and sleep. In the intervals, the limbs are soft and relaxed, but the thumbs and toes firmly contracted. The child is in a state of constant restlessness, and moves the head backwards and forwards, has much thirst, and cannot sleep more than half an hour at a time from the restlessness and irritability.

Pupils natural ; quivering of the eyelids ; bowels pretty natural ; several cervical glands were slightly enlarged, and tender on pressure.

Arsenic 12, dissolved in water, a dose three times a day. On the approach of a fit, a dose of *moschus* 3 was also ordered to be given.

When seen again, in two days, it was much better, had slept better, sometimes four hours undisturbed.

No regular crowing fit, only three slight threatenings ; less quivering of the eyelids, less heat ; thumbs still contracted ; more desire for food, and not so fretful.

Iodine 6, three times a day.

The child continued to improve for the next five days in every way, when in the night it had another bad fit of crowing and convulsions. *Arsenic* was again given as at first, and continued for four days, followed up by *spongia* 6, for a week, after which the child was quite restored, and has since remained well. (18 months ago).

In the treatment of this disease little assistance is to be derived from homœopathic works hitherto published, their authors having apparently either never seen the disease, or not in the same form as it occurs here ; for the cases reported as Millar's asthma correspond only imperfectly with the disease as seen here.

It seems to me that it should be treated, not as a local affection, but as a case of general convulsions, in which the laryngeal nerves are only implicated as a complication.

In the above case, *arsenic* was chosen on account of the great general restlessness—a symptom peculiarly characteristic of that medicine ; which is also, however, specific in certain

forms of convulsions, as well as in affections of the par vagum, such as asthma, &c.

The medicines which I have found, on the whole, most useful in this disease, are arsenic and lachesis.

I have not seen any good effect from sambucus and moschus.

Scarification of the gums is generally necessary, and the warm bath is often of service. But even at best it is a very intractable malady, and not unfrequently terminates fatally in spite of all our efforts.

ACTION OF PARIS QUADRIFOLIA.

F. L. ætat. 38, has been many years in tropical climates, and has had cholera, yellow fever, and dysentery ; since then up till lately has been in good health.

Three years ago he had an attack of violent pain in the left shoulder, which was treated as rheumatic.

Next year had a similar affection of the arms, shoulders, &c. which lasted some months.

About 3 months ago he received a violent blow on the occiput, which was not, however, attended by any bad effects at the time.

Six weeks ago he was seized with pain in the left side of the neck and shoulder, which soon extended over the whole side, and rendered the arm quite powerless. He was treated in the usual way without any relief.

When seen by me, the following symptoms were observed :—

Violent pain exacerbated at intervals on both sides of the neck, but chiefly on the left side, extending along the sternocleidomastoid muscles to the shoulders, and in the left arm down to the fingers, and in the right to the elbow.

Moving the hand or grasping any thing excites pain in the occiput and nape of the neck.

Feeling as if there was a great weight on the nape of the neck and shoulders.

Any exertion of the memory or intellect causes violent pain in the occiput and faintness.

Sleep difficult, and disturbed by frightful dreams. On waking he feels wearied and pained all over.

The patient was quite disabled from mental or bodily exertion, and the left arm was quite powerless.

During five weeks of homœopathic treatment he got very much better. The medicine used were *Bell*, *nux.*, *Arn. rhus.* *Anacardium*, and *Cuprum aceticum*, the last being particularly useful.

Still, however, the symptoms indicating affection of the cerebro-spinal nerves, though mitigated, did not yield.

One of the most prominent symptoms remained throughout, the *feeling of weight on the nape of the neck*. This constantly directed my attention to *Paris quadrifolia*, in the pathogenesis of which it is a marked symptom. Other nervous symptoms also made their appearance, such as numbness and pricking in the hand, and disorder of the sense of touch, so that every thing felt rough. These, likewise corresponding to the pathogenetic action of *Paris*, made me give it with confidence, although we possess no records of its successful employment in such cases. It was accordingly given in the 3d dilution, a dose twice a day.

The result was highly satisfactory. All the morbid symptoms gradually subsided. In a week he was able to resume his usual occupation, and in about a fortnight was quite restored to health.

RHEUMATISM OF THE GUMS.

Mrs H. had been affected for about ten days with pain in the teeth and gums, which was so continual and violent, that she had scarcely slept during that time.

When seen on the 15th of October 1842, she complained of pain, burning heat, and pricking in the gums, equal in all circumstances, except this characteristic one, that it is relieved remarkably by cold, so that she sat constantly washing out the mouth with cold water.

This corresponding to the symptoms of the Magnet (north pole), it was given to her with directions to hold it in contact with the cheek, over the most painful part.

In about ten minutes the pain was completely removed, and the patient had a good night's rest. The pain recurred seve-

ral times in the night slightly, but was always relieved by the magnet.

Next day some shooting pains were occasionally felt on exposure to cold air ; these were effectually removed by mercury.

HOMŒOPATHIC TREATMENT OF THE INSANE.*

By Dr C. SZTARAVESZKI, Physician to the Hospital of Gross Wardein in Hungary.

From Hahnemann's emphatic demand, to follow with care and precision his directions, in order to test the value of his system, I found myself compelled, by a sense of duty, to prove for myself, in hospital practice, the homœopathic method of treatment. After I had introduced the homœopathic diet into the Gross Wardein Hospital, and made the other necessary arrangement, I ventured in 1825 to submit the syphilitic and lunatic department of the establishment to homœopathic treatment ; and I have given some details, in order to encourage others to put the system to the test of experience.

1. Anna Kalitzky was brought to the asylum in the end of December 1824, having been previously cured of a fit of insanity brought on by drinking. On the 1st of January the patient would neither eat nor drink ; her face is flushed, her expression wild ; she tears her clothes, wanders up and down the room during the night ; strikes at the keepers, and can scarcely be restrained. She got one drop of 2d dilution of hyosciamus with such brilliant result, that the same day all the symptoms subsided, and on the following day the patient was perfectly well, and continued so.

2. A. F., a village schoolmaster, naturally of a conceited disposition, became distressed and melancholy, from suddenly losing his situation. Symptoms of decided insanity then appeared, and, on the 2d of January 1825, he was admitted into the asylum. His face was flushed, his eyes brilliant, fixed and diverted outwards,—his voice hoarse. He spoke with rapidity all sorts of incoherent nonsense ; pointed with his fingers at some hostile figures that moved upon his enchanted bedcover ; threw himself anxiously about, then sprang up and flung the

* From vol. xix. of Archiv. für die hom. Heilkunst.

bedclothes from him with great violence, swore, raged, and broke every thing within his reach; struck at the bystanders, and tore his clothes to pieces. There was slight increase of temperature; great thirst, with loss of appetite, and costiveness. He was ordered a drop of Tr. of opium. This produced a marked aggravation, after which there was so marked an improvement, that on the 6th there was a perfect return of consciousness. He then got gtt. i. of the 9th dilution of *nux vomica*.

10th January.—The patient is quiet, complains only of occasional rushing in the heart; appetite is good, thirst moderate, stools are natural. The nights have been somewhat restless of late; he is sunk in thought, speaks unwillingly, sighs frequently, cries with uplifted hands before the other patients; wishes them to get away, and does not seem to notice those about him. He got stramon. 2d dilution, gtt. i.

13th of January.—Better generally, but he cries more frequently, and seems intent on suicide. He got another dose of stramonium. He continued to improve until the 21st of January, but suddenly on this day he began to scold, and assaulted the attendants; at one time he spoke much, at another he could not be brought to speak at all. He got bryon. i. gtt. i.

January 28th.—Still unmanageable; he tried to strangle himself with a garter to-day. He got aurum i. gr. i. This had so good an effect, that all further aggravation was arrested, improvement set in, and after another dose of aurum on the 8th of February, he continued to improve until he attained perfect health.

3. Paul Kis, æt. 40. An industrious man; had always enjoyed good health previous to the attack. Three weeks ago he awoke out of sleep with all the symptoms of mania. A villager undertook the treatment, bled him, and gave him medicine. As the disease increased, and he became more and more unmanageable, it was found necessary to bring him to the asylum. He presented the following appearance. His figure was large and thin, his bearing expressive of alarm and anxiety; he rolled his eyes restlessly, and covered his face with his hands whenever any one approached him. He tore

his clothes into small fragments, and went about the room naked. He spoke so low as to be inaudible, murmured and swore to himself, and dashed the vessels which had contained his food to the ground after he had emptied them. He defiled the room with his stools and urine.

Thinking that the patient had probably got opium before he was brought in, I gave him camphor in order to neutralize its effects. By the 7th of July the patient was much better, and the chief symptom he exhibited then was striking his hands together, and relating to his companions all that could happen to him. Stramonium I. was given with the best results; and after, a dose of hyosciamus III, given on account of some boils that had broken out, he was restored to perfect health, and dismissed 31st of July.

4. Stephano Sarközi, from Arpad, of a healthy strong constitution, phlegmatic temperament, 36 years old, had for half a year been much annoyed with the itch. Two weeks before, he went, in the company of a friend, to dig for treasure, and, exhausted by the fruitless toil, threw himself on the ground, and fell into a deep sleep. When he awaked, he rushed home with the most frightful gestures, threatened to murder his wife and children, and attempted to set the house on fire, and was with difficulty restrained by eight men. He was received into the asylum on the 5th of August 1825.

He sat in the corner of his room silent and motionless. Passed his urine and fœces involuntarily. The whole surface of the body is covered with a scabious eruption. The nights are restless.

On the 8th August he got gr. i. of hep. sulph. the first trituration, as I looked on the case as one of severe scabies affecting the brain. In the course of four days, both the eruption and the delirium had entirely subsided. The man returned to his former industrious habits. As a precaution, I gave him another dose of hep. sulph. on the 16th and 25th of August.

5. Elizabeth Kopsis, 30 years of age, the mother of several children, several of whom she had lost. The loss so preyed upon her mind as to bring on continued melancholy; and at length, about a week before her admission, this took the form

of decided mania. In the course of the night she started up, tore her clothes, screamed, and struck around her. She was admitted on the 11th of July 1825, and then presented the following symptoms.

Her face was red and much swollen ; her eyes red, and rapidly rolling ; her tongue was dry, red, and quivering. She spoke incoherently, and would not answer a question. Her pulse was quick and small ; she was very hot ; and it required two men with their utmost efforts to restrain her. She would eat nothing. Her condition seemed to me to be very dangerous. I gave her a drop of the 2d dilution of belladonna.

July 13th.—She was quieter after the medicine, and slept for three hours, breathing gently. She took some soup, and wished for drink. She told her name and residence, and beat her head so violently with her fist, that she was obliged to have her hands tied. Bowels are costive. She got a drop of the 4th dilution of hyosciamus.

22d.—Improvement daily became more manifest. She spoke continually, incoherently ; but when spoken to, she was silent for a time, and occupied herself with her common work. To-day, however, she was very violent ; tossed her bed-clothes about her, and made preparations for leaving. *Veratrum* iv. given in the evening, gave her relief for two days ; *stramonium* also produced amendment for some time ; but on the 4th of August she began her extravagant demeanour again. She then got *hyosciamus* ii. On the 27th of the same month the dose was repeated ; and she was dismissed on the 21st of September in perfect health.

6th.—Joseph Kellermann, a musician by profession, got a dreadful shock by the sudden death of his brother, who fell dead in his arms. He talked incoherently, struck at all around him with his feet and hands, raved, and spat in the face of his attendants, tore his clothes, spoke at one time in the Hungarian and then in the Wallachian language ; sang Latin pater-nosters, declared that he was God, and then that he was the Devil. He was brought to the asylum on the 24th of August, and presented the following appearance :—

He talks incessantly unintelligible nonsense ; sits down and then rises again. He kneels, and then pushes against the

wall, alternately stretching out his hands to the full extent and laying his finger in his mouth; he tore his clothes and broke a very strong chain and padlock with wonderful rapidity; before he was brought here he had bored large holes in the brick wall of his house with his fingers alone. He will not answer any questions, avoids the eye; his pupils are contracted, his eyes weary and collapsed. He cannot sleep nor eat.

He got a drop of the 3d dilution of stramonium on the 25th August. Half an hour afterwards he became so furiously outrageous that his keepers scarcely dared to approach him, and they required to use much force to restrain him. This powerful aggravation went off in the course of some hours; he became tranquil, fell asleep, and when he awaked every trace of his malady was gone. On the 29th he got another drop of stramonium as a precaution, and on the 17th of September he returned home in perfect health.

7th.—Gabriel Boris, 28 years old, had for some time been delicate, without any known cause, and fourteen days ago he became restless, quarrelsome, agitated, threatened to destroy his wife and set the village on fire. He was arrested by the police, and for a fortnight remained in a state of continual fury, and he was then sent to the asylum. On the 25th the following was his state:—He looks terribly anxious, his eyes glare, the eyeballs are red, the face, abdomen, and feet are swollen. On the face and feet there are many pustules, several here and there with a scurfy crust. The pulse is small and weak, the urine and stools are passed involuntarily. His answers are abrupt and minatory. He got one drop of belladonna iv., with the happiest effects, as all the symptoms of mental disorder very soon disappeared, and the swelling of abdomen and eruption was all that remained. Bryonia iii., removed the dropsical swelling, and after a dose of cinchona ii., he was dismissed on the 28th restored to health and strength.

PRACTICAL OBSERVATIONS ON THE TREATMENT OF EXCESSIVE
MENSTRUATION.

By Dr PATZACK.*

Of all the diseases to which the female frame is liable, there is scarcely any one which so deeply and deleteriously affects the health as too frequent and too copious menstruation. Although, for the most part, an antecedent derangement of the health may have produced this affection of the sexual organs; yet, in their turn, by the frequently recurring hæmorrhage, they exert a powerful influence over the whole system, and lay the foundation for dangerous diseases of the chest and abdomen. As the first series of results, we have leucorrhæa, congestion and inflammation of the uterus and ovaries, and as a consequence of this, organic change of those parts, and sterility. Among the more common sympathetic affections are neuralgic pains of the intestines and stomach of the severest kind, and passive congestion of the spleen and liver. In other cases, we have chiefly the organs of respiration affected, catarrh of the lungs with unceasing pain of the chest, and asthmatic affection; palpitation and pain of the heart. We also find excessive general irritability of the nervous system, with small power of reaction towards external stimuli to be a consequence of this loss of blood.

Let us first consider the treatment to be pursued when the hæmorrhage is present. It may be remarked, that the medicines given at this time produce only a palliative effect; they do not prevent the return of the complaint. When there is much weakness and the hæmorrhage is of a passive character, *ipécacuanha* in the 3d dilution I have found generally to check it. More rarely, I have found the administration of *crocus* in the 3d dilution in long-continued discharge of dark blood, or the 3d dilution of *sabina* in elderly women who have frequently suffered from abortion, and are at that time of life when the menstruation ceases. In the case of a woman who, before she was 21 years old, had born two children and had

* From vol. xix. of Archiv. für die Homœopath. Heilkunst, 1841-42.

had one miscarriage, of a haughty temper and irritable disposition, and in whom the discharge was more copious when she was at rest than when in motion, *platina* was of great service. In two other cases, the one a young unmarried girl, the other an elderly woman to whom the menstruation was too early and too copious, and attended with diarrhœa, *veratrum*, 4th dilution, was of immediate use. In the case of a girl of 17 years old, in whom the menorrhagia had lasted 14 days, and had been attended with pain in the region of the ovaries, extending towards the sacrum and down the thighs, after *aconite*, *bryonia*, and *china* had allayed the excessive irritability, I found *argentum nitricum* in the 3d trituration completely cure the original complaint.*

The treatment pursued between the periods of the discharge is much more important, however, than the medicines administered at the time itself, and by judicious treatment during this respite, the administration of medicine during the menstrual period is rendered unnecessary. In these cases, the following medicines have proved of greatest avail not only in restoring the menses to regularity, but also in allaying all the affections both of the genital organs and distant parts, which the excessive menstruation had occasioned. The medicines are *nux vomica*, *cinchona*, *sulphur*, and *calcareæ carbonica*.

The method I pursue is this :—On the first day after the cessation of the menses, I administer a dose of *nux vomica* of 6th or 9th dilution in the evening ; and 36 hours after it, a dose of *cinchona* of the 6th or 3d dilution. On the evening of the 4th day, that is, 36 hours after the previous dose, I give *nux v.* again, followed by *cinchona* after a similar interval. I then order tinct. sulph. of the 6th or 3d dilution, and two days later give calc. carb., and so continue these two alternately until the return of the menstrual period. The result of this treatment has often surprised myself, as even in cases of long standing there was steady improvement in the general health, and the regular return and course of the menstruation.

* We are much surprised at the omission of *secale cornutum* in this list of remedies, which the author has found useful in menorrhagia. We have found it very useful in moderating the discharge when excessive, but otherwise natural.—

The following is an outline of some cases in which this treatment was successful.

1. The first was the case of a lady of 30 years old, who in her youth had suffered hæmoptysis, had had one abortion, and two years and a half ago had been confined of a living child. For many years she had suffered from too copious and too frequent menstruation ; and latterly, in spite of many medicines which had been administered, the disease had increased and become complicated with leucorrhœa. She was much exhausted, and scarcely able to undergo the fatigue of her domestic duties.

In the summer of 1837, the patient sought my aid, and after a course of medicine such as I have described, the menses, instead of occurring eight days before the proper period, as they had been in the habit of doing, occurred only at three days before the time, and much less copiously ; and after a dose of the 3d dilution of *ipecac.* they stopped in three days, which was two days before they used to do. After another course of medicine, the menses were entirely natural, and she regained all her former health and vigour.

2. A lady of twenty years of age had six years before been delivered by means of instruments, and ever since that time suffered from too frequent and copious menstrual discharge. When I saw her in the summer of 1837, she complained of constant pain, sometimes pressive, sometimes gnawing, in the region of the ovaries, especially severe on the left side ; this pain was much worse before and after the period of menstruation, and at that time spread over the whole abdomen, including the region of the bladder and loins, and entirely prevented all movement. Three courses of these medicines, and some doses of bryonia, entirely cured the complaint, and she has remained perfectly well ever since.

3. A lady of forty years of age had for fifteen years suffered from frequently recurring very severe cardialgia, complicated by excessively abundant and frequent menstruation. After the first dose of *nux*, there was a great increase of the pain, but speedy relief after the *cinchona*. After sulphur and calcaria had been administered, the menses returned in more moderate quantity, and lasted four days instead of eight. After

this, she completely recovered, and has continued well for two years and a-half.

4. A woman of feeble frame had suffered, more especially for the last two years, since an abortion, from the menses returning every three weeks, accompanied with increasing weakness, pain of loins, weight of limbs, violent palpitation of heart, and dyspnœa on the least exertion. As the return of the menses was expected in the course of a few days, I ordered her two doses of *sulphur* and two of *calcareæ*, to be taken alternately every second day. The menses did not return for eight days, that is, at the regular period, and by employing the prescribed course of medicines the other symptoms entirely disappeared in the course of a few weeks.

5. A lady, aged 32, of a delicate constitution, and very intellectual disposition, had suffered ever since her marriage, nine years ago, from the menses occurring too frequently and too copiously, so that for some days they always confined her to bed. She was obliged to avoid company, and complained of constant pain in her breast, and utter sleeplessness at night. Allopathic treatment for many years had not at all availed in giving her relief. She consulted me in December 1838, and as the menses were then present, I gave her a dose of *ipecac.*, which manifestly shortened their duration. After the period of menstruation was over, I began the cure with *nux v.* and *cinchona*, and had the satisfaction of finding the pain in the chest disappear, and the sleep return in the course of a few days. She began to take *sulphur* and *calcareæ* in the course of twelve days, and the next menstrual period occurred at the regular time, and was of much shorter duration. Her improvement went on after this with wonderful rapidity.

6. A lady of 34 years of age had menstruated very copiously ever since the menses had appeared, and still more since her marriage; she had besides borne five children within eight years. The consequence of this loss of blood, the menses occurring every three weeks, shewed itself in excessive irritability of the nervous system, so that the slightest fear or anger excited palpitation of the heart, trembling of the limbs, cardialgia, headache, and the most severe toothache. All these symptoms disappeared after the menstruation had been regulated by the means described above.

7. A girl of 19 years old, of a blooming appearance, had suffered from the menses returning every sixteen or eighteen days, ever since her thirteenth year. She suffered in consequence from most severe headache, which incapacitated her from all active exertion. The weakness and irritability had increased to such an extent as to take the form of real epileptic attacks. She had derived no benefit from the use of allopathic medicines. About a year ago she put herself under my care, and after the employment of the medicine for four weeks, the menses did not occur for twenty-one days, and gradually became natural in their period of return, and in their duration. An epileptic fit occurred at the beginning of the treatment, and for this a dose of belladonna was interposed, and then the course was persevered in as before. Since that time, the patient has continued to enjoy good health.

OPIUM.

By Dr G. SCHMID of Vienna.

The history of opium is truly remarkable—it is one of the most ancient of medicines. It has been alternately celebrated as the most valuable remedial agent, and proscribed as the most noxious poison. While Sydenham declared that “without opium he would not be a physician ; that deprived of it, medicine would be maimed and incomplete ; that it was of more service at the bed-side of the patient than all other medicines ;” Stahl, on the contrary, not only held it in disrepute, but actually condemned it as hurtful ; indeed, he went so far as to assert, in a special work entitled “*De Impostura Opii*,” that, under any circumstances, its employment was criminal. Such has been the fate of opium among the adherents of the Allopathic school. Among homœopaths it has proved very different. It must be admitted, that we are very familiar with its action, not only from its frequent employment in sickness, but also from its being so often used by healthy individuals for the purpose of stimulating themselves, dispelling care, &c.

How comes it, then, that we homœopaths employ it so very seldom? The *principal requisite* that we should be familiar with its action on the healthy system, we have already in most extraordinary perfection. I lay particular emphasis on this point, in order to shew clearly that a *knowledge of the action of a remedy on the healthy system is not alone sufficient to give us certainty in its administration in disease*: it is indeed the *Prius*, but the *usus in morbis* must be investigated as the *Posterius*, with just as much carefulness, if we are to hope to obtain a *materia medica* which will be of use to us in practice.

In endeavouring to restore this much neglected remedy to its due importance, I shall have to approach that subject which has always been a bone of contention among the homœopathists; I mean the size of the dose. As regards opium, this is of such great importance, that I deem it necessary to devote a particular portion of this essay to its consideration; this I shall do towards the conclusion.

Opium has received considerable attention from allopathic writers. Among their works, that of *Tralles*, "*Usus Opii Salubris et Noxius, 1757*," merits particular attention. But no allopathic work is so worthy of our consideration as that of Professor Sachs in his Dictionary of Practical Medicine, 3d part. I shall not hesitate to make extensive use of it in the following remarks.

In the first place, I shall consider,

I. *The action of opium on the brain.*

II. *The diseases of the brain*, in which this remedy is of use.

I. *The action of opium on the brain.*—Opium has two kinds of actions, one upon the *nervous system*, the other upon the *blood*. It is absolutely necessary to consider these two different modes of action in their connection with each other. Therefore, in considering the action of opium on the brain, we have not only to pay attention to these *two modes of action*, but we must also shew *their connection*, and this is a most important point in the administration of this medicine in diseases.

1. *The action of opium on the nervous system.*—We have no difficulty in obtaining a knowledge of those, as they are well

seen in the opium-eater of the East. In an habitual opium-eater, the whole body, and particularly the countenance, is shrivelled, the eye is prominent and swollen. The disposition is strikingly altered: he shews by his dignified movements, his look, and by his whole appearance, that he is remarkably contented, and in a dreamy state of happiness. This is the action of opium, which is so much longed for by the opium-eater. His consciousness is not suspended nor vacant; on the contrary, it is very lively. Neither is this state similar to a dream, for not even is the physical power fettered. Opium further produces an increase of some of the passions. This is particularly observable among the Persian opium-eaters. If these individuals, before taking the opium, should happen to be under the influence of any passion, *e.g.* if they are melancholy, quarrelsome, or enraged, after a slight inebriation from opium, these passions are increased to the highest degree: if, again, they are previously influenced by some opposite disposition, as contentedness or gaiety, opium then produces an increase of these feelings; so that as long as the opium-eater is under the influence of the drug, he remains in an imperturbable state of dreamy happiness. But the reflective faculties are not stimulated by it.

Let us now contemplate the consequences of this unnatural state. The pleasurable feelings are very transitory, and then follows a state of depression and uneasiness. This condition is in direct proportion to the previous state of excitement. The opium-eater, in order to renew his pleasurable sensations, becomes a very slave to his drug, and no sooner has the state of excitement ceased, than he is forced to renew it by a fresh supply of opium; so that sometimes an ounce of opium is consumed by these individuals within the twenty-four hours. In a short time, the victim of this potent poison presents a most pitiable appearance. His features are expressionless, his muscles flabby, his eyes bathed in moisture, the whole body lax, the gait feeble and creeping. No refreshing sleep ever visits his eyelids, he never experiences an agreeable dream, every thing excites in him disgust, even his opium, which can alone procure a remission of his sufferings is taken with repugnance. The least diminution of temperature is disagree-

able, he anxiously seeks warmth. He is perfectly deprived of all reasoning faculties, even the formalities and usages of every-day life are forgotten by him ; in the end he loses the power of speaking, and when he makes the attempts, utters merely disagreeable unintelligible sounds, his life is an insupportable burden to himself, and his torments are finally terminated by dropsy.

In my paper on *Cuprum Aceticum*,* I have related the case of a phthisical patient who was affected with that curious nervous malady, a "fixed idea," which I afterwards ascertained was caused by the secret use of acetate of morphia.

2. *The action of opium on the blood.*—Moderate doses of opium cause, under ordinary circumstances, listlessness, heaviness, confusion in the head, and oppressive headache ; larger doses, somnolence, sleep disturbed by horrible dreams and starting, forgetfulness, giddiness, momentary interruption to the functions of the mind, spectral illusions, noise in the ears, &c. : *very large* doses, however, produce all the symptoms of cerebral sanguineous apoplexy, deep sleep, rush of blood to the head, retarded circulation, slow intermitting pulse, difficulty of breathing, loss of muscular power, gradual increase of the paralytic state until death ensues. The *blood* is in the same condition as in apopleptic subjects. If blood be drawn during a long-continued use of opium, it is found to be exceedingly dark coloured, loaded with carbon. This is also perceived in the bodies of those who die from the effects of opium. Tralles observed in dogs, in which he opened the skull when they were under the influence of opium, all the arteries of the brain very much distended with blood.

3. *The connection of these two modes of action.*—We cannot admit the explanation given by the allopathic pharmacologists, who consider one the primary and the other the secondary action, especially as they are not agreed among themselves as to which is the primary and which the secondary. And also, as the practical conclusion deduced from that explanation is erroneous, viz. that opium is contraindicated in all cases (of cerebral disease) in which the activity of the circulating sys-

* P. 239 of this Journal.

tem is chiefly increased, and indicated in those where the nervous sensibility is affected in a more marked manner. For opium may be indicated in both these states. To explain more fully these pathological states, we may say, the first finds its representative in *sanguineous apoplexy*, and the second in *delirium tremens potatorum*.

I consider that both these actions of opium are to be looked upon as primary, belonging, in fact, to what has been termed by Hahnemann alternative actions.

We find that the dose has the greatest influence, as well as habit, in determining which of these actions shall be produced by the administration of opium. This is well illustrated by the account of the Theriakys, or opium-eaters of the East, which may be found in Sachs' Handwörterbuch der practischen Arzneimittellehre, 3d Theil, p. 1.

From observing the effects produced on the opium-eater during his noviciate, and when he becomes accustomed to the drug, I feel convinced that the action on the blood is manifested more strongly on those unaccustomed to the use of opium, whereas nervous symptoms alone are produced in those who are habitual consumers of it; and further, I contend that it is with opium as with cuprum aceticum and secale cornutum, as I have elsewhere stated,* viz. the one set of symptoms excludes the other; thus, when the action of the blood is developed, the nervous phenomena fall into the shade, and *vice versa*.

II. *The principal cerebral diseases in which opium is particularly indicated.*—The delirium tremens potatorum and apoplexia cerebialis sanguinea represent very well the two classes of action of opium. The other diseases, which I shall afterwards enumerate, occupy a situation between these two, and incline sometimes to the one, sometimes to the other class.

1. *Delirium tremens potatorum.*—It is somewhat remarkable, that the allopaths agree with the homœopaths in considering opium the principal remedy in this disorder; indeed, both reckon it specific. This circumstance offers us, of itself, nay, even forces on us, an opportunity of demonstrating by

* British Journal of Homœopathy, No. III.

facts, that it is on the homœopathic principle alone that this medicine can be specific in *delirium tremens*. Although all the phenomena connected with this disease are well known, yet I think it will not be amiss to recapitulate them. The *premonitory* symptoms are, uneasiness, loss of appetite and refreshing rest, sometimes vomiting, weakness, fretfulness, melancholy, restlessness, anxiety, anticipation of evil, sleeplessness, headache, uncomfortable sensation in the precordial regions; the hands tremble; gait unsteady; mind wandering. The *disease* begins with the characteristic delirium. The patient is the victim of a particular delusion. He generally imagines himself attacked by robbers, or pursued by mice, rats, or hideous animals threatening to devour him. To escape them, he makes frequent attempts to leap out of bed. All the muscles, particularly those of the upper extremities, are in a continual state of convulsive motion. The face pale, the eyes staring and brilliant. He has a mixed expression of anxiety, restlessness, and a certain degree of dulness. In the end he loses all recollection, becomes insensible, comatose, apoplectic. The pulse is at the commencement small, weak. The tongue is moist; he has little thirst; the temperature of the skin is somewhat raised; it is not, however, dry, but bathed in perspiration. The region of the liver swollen, painful. The bowels bound. Death may follow from cerebral palsy. The patient becomes furious, his countenance distorted, pulse increases in frequency 120 to 130 beats per minute; the trembling increases to subsultus tendinum; the delirious ejaculations sink down to low muttering delirium, and finally speechlessness.

If we compare the symptoms of *delirium tremens* with those produced by opium, we cannot fail to be struck by the remarkable resemblance which it presents to our account of the nervous effects of opium. The resemblance between the first effects of the abuse of spirituous drinks and the novice of the opium-eater is very striking. The object for which spirituous drinks are taken is to produce an agreeable feeling. This, however, continues only so long as the action of the spirit lasts. To this succeeds depression, listlessness, uneasiness. In order to free himself from these disagreeable sen-

sations, he has again recourse to his drink. In this manner we see that spirituous liquors become necessary to his existence, and he is in exactly the same state as the opium-eater. This necessity becomes so great, that the drunkard is at last incapable of doing anything without refreshing himself with his usual stimulus. Tralles relates several facts to prove that wine and opium are good substitutes for each other. Some Egyptians having been deprived of their opium, were affected with the most alarming symptoms, from which, however, they were relieved by the use of wine.

2. *Apoplexia sanguinea cerebialis*.—The symptoms of cerebral apoplexy are sufficiently well known, so I need not occupy the reader's time by enumerating them; and it is clear that they agree perfectly with the action of opium on the brain. For the cure of this affection, the allopaths think it absolutely necessary to draw blood, but it is evident that this alone will not suffice, because, although it may at the time stop the effusion, it cannot check the diseased process which led to that effusion. Opium, in my opinion, will do this; it is, in fact, specific; and although in certain cases I am not inimical to the abstraction of blood, yet I can only regard it as an aid to the internal treatment. Nay, even in all cases in which the disease has reached a considerable height, it is to be considered a valuable, if not indispensable, auxiliary, as mechanically relieving the distended bloodvessels of the brain.

As cuprum aceticum, as far as I can judge, is the antidote to the nervous phenomena, so crocus stands in a similar position with respect to the action of opium on the blood. It is remarkable, that the greatest panegyrist of opium, Sydenham, composed a preparation of opium, in which crocus occupies the place next to opium. I allude to the *tinctura opii crocata* or *laudanum liquidum Sydenhami*.

These, then, are the representatives of the two classes of the action of opium in the brain. We shall now proceed to the consideration of the other diseases of the brain in which opium deserves the preference.

3. *Giddiness*.—Although this affection may proceed, not only from various causes, but may also be idiopathic or sympathetic, and accordingly demand various remedies for its

cure ; yet I think that the reader, if he has paid attention to what I have already said with respect to the action of opium on the brain, will have no difficulty in judging of the peculiar kind of giddiness in which this substance is specific. I think, then, that very few additional remarks will be sufficient.

My remarks chiefly refer to the idiopathic giddiness, although also even giddiness, when sympathetic of other affections, is not unfrequently removed by opium.

It is not a high degree of this affection in which opium is indicated, but in the majority of instances only a threatening of vertigo. The patient himself complains of the indistinctness of his state ; he complains of his head, and says it aches, but when asked to define it more minutely, he says it is rather an incapability of the mind to perform its usual functions. This state is better illustrated by that confusion of ideas which is brought on by listening to an incessant chatterer, or from hearing a number of persons speaking at once, or from studying an intricate problem, &c. In patients who complain of a weakness of comprehension of this kind, the ordinary thoughts and ideas produce a similar confusion of the intellect. This state is also not unfrequently produced in persons accustomed to continued and exhausting mental labour, such as students, poets, &c.

In the above morbid state of the brain which I have endeavoured to delineate, opium affords the best and speediest service ; it is, in fact, specific. In the same category may be ranged the vertigo, which is a symptom of drunkenness. In cases in which the aid of art is required, I think that opium deserves the preference, not only on account of the quickness, but also of the certainty, of its operation.

It is plain, from what has been already said of its two modes of operation, that opium may be indicated in vertigo, whether it arises from disorder of the blood or of the nervous sensibility in the brain. And, in fact, it is not unfrequently of great service in the vertigo, arising from increase of the quantity of blood in the brain. In these cases, the use of opium is frequently followed by epistaxis, and consequent disappearance of the vertigo.

In sympathetic giddiness, the power of opium is likewise

displayed. I need only allude, in the mean time, to that which accompanies diseases of the precordial organs, suppressed hæmorrhoids and menstruation, heart affections, &c.

4. *Headache.*—*Dolor cerebralis, Cephalæa.*—In this affection opium is, under certain circumstances, the best remedy we possess.

I do not consider opium as indicated in that species of headache which constantly accompanies organic diseases of the brain, such as tubercles, hydatids, cancer, softening, abscess, &c. The headache in which opium is of service either originates entirely in the brain, or is dependent on some other affection of the system. Of the latter description is what is termed *Migrim*.

As an illustration of the kind of headache in which it is useful, I may relate a case. A lady had had for several years severe attacks of headache. These continued for several days at a time. The attack commenced with oppressive, lancinating pain in the left supraorbital region. Motion, noise, and air caused increase of her sufferings. Hence she always sought quietness, solitude, and darkness. The pulse was feverish. Shivering, yawning, anorexia, and increased sensibility, partly preceded, partly accompanied the attack; as also nausea and vomiting. Urine at first clear, afterwards dark, and depositing a sediment. The temperature of the skin, which was first changeable, became at last permanently increased, and a moderate perspiration brought relief to the sufferer. The attack took place at uncertain periods, and menstruation seemed to have less effect on it than change of weather.

A great variety of medicines and different modes of treatment had been tried in this case in vain; and the only remedies which had hitherto afforded any measure of relief, were ipecacuanha, and nux vomica. At present, I confine my medical aid solely to the attacks, and use nothing but opium, and with such good effect, that the attack not only lasts a much shorter time, and is much less violent, but also appears much less frequently, and it is not improbable the disease may be finally eradicated.

I am unable to give a more definite indication for the choice

of this remedy in such cases, without extending this essay beyond its proper limits ; but I shall be satisfied with having called the attention of practitioners to opium, as one of the most useful remedies in several varieties of headache.

5. *Typhus cereбрalis*.—In certain circumstances, opium may be safely confided in, in this disease. But what these conditions are I shall not at present discuss, but shall point them out in my article upon *musk*.

We now come to the consideration of the action of opium on the bowels.

In the first place, we shall direct attention to the symptoms produced by opium on the abdominal viscera ; and, secondly, we shall endeavour to interpret these symptoms.

1st, The following are the well-known effects of opium on the abdominal organs :—Bitter, sour, disagreeable taste ; sometimes loss of the sense of taste. Great thirst, principally for beer ; appetite either lessened or increased. If *lessened*, often completely and suddenly so, disgust at all viands, nausea and vomiting, the matter vomited of a green colour, sometimes bloody, at other times feculent. If *increased*, ravenous appetite, to satisfy which the stomach is generally overloaded,—or it can exist along with disgust at food, or food is desired, but no sooner is the first morsel swallowed than it is followed by oppression, bulimia, with great feebleness.

The *digestion* is slow, disturbed, weakened, with a sensation of fulness, heaviness, pressure, constriction, and pain in the stomach and precordium. Painful swelling in the precordia.

An *accumulation of gas* in the stomach and intestines, causes the abdomen to swell and be painful. This is relieved for a time by motion. If the gas do pass off, it is immediately renewed.

Pressure and heaviness, as from a stone or weight in the abdomen, in the umbilical region ; cutting pain in the bowels. These pains are rather relieved than otherwise by motion.

Pulsation in the abdomen ; darting pains.

Stools altered in quantity and quality. If *lessened*, retention or slowness of evacuation, costiveness ; if *increased*, diar-

rhœa. *Fæces* foetid, frequently with pains before and after motions, as from a purgative medicine, with discharge of foetid gas; the stools are either in small hard knots, accompanied with bearing-down pain, or with a sensation as if the rectum were closed up, or they are *fluid*, frothy, with burning pain in the anus and tenesmus.

The *secretion of urine* is either diminished or altogether suppressed, or else increased; often with forcing, cutting pain. Urine sometimes clear, with a deposit; generally, however, dark coloured, and with a sediment.

Sexual desire may be increased, with frequent erections, pollutions, and lascivious dreams; or it may be diminished, with impotence. Painful sensation in the testicles.

Menstruation frequently increased. Severe labour-like pains in the uterus, with desire to go to stool.

In order to obtain a clue to the right understanding of the mutual relation of the actions of opium on the abdominal organs, I begin with demonstrating the connection of *two striking and mutually opposed actions* of this medicine, when administered to healthy persons in a corresponding way. I mean sleep, which may gradually pass into the deepest torpor: and sleeplessness, which is, on the one hand, characterized by a sensation of intense pleasurable feeling, and, on the other, by remarkable flights of imagination.

This latter state bears a great resemblance to the phenomena of animal magnetism; and I consider these two states, *i. e.* the somnolent and the preternaturally wakeful state, which mutually exclude each other, to belong to the *alternative actions* of opium; in other words, that they are alike *primary effects*.

Although opium produces a state of pleasure and delight, yet we know that this is but a transitory state, and that it is shortly followed by an opposite condition of weariness, listlessness, and discomfort. These two conditions I do not consider to be states of mutual exclusion, but of *primary and secondary action*.

In order to escape the intensity of his miserable sensations, in which the secondary action consists, the unfortunate opio-phagist is forced to have recourse to another dose of his

poison ; this only produces a transient effect, and he must each time increase the dose, in order to experience the desired effect. It is evident from this that his employment of it is not homœopathic, else would his miserable sensations completely and altogether disappear under the use of the drug. But this is not the case ; as with the drunkard, so with the opium-eater, the dose must be instantly renewed and increased, until at last the miserable feelings become so predominant, that the unfortunate victim becomes incapable of the slightest corporeal or mental exertion. I may, *en passant*, allude to the remedies which are serviceable in this condition. They are—Aurum, colchicum, helleborus, crocus, iodine, &c.

3. *Ravenous appetite*.—In the effect of opium in producing sleep, we have a proof of its action on the ganglionic system ; with regard to the production of hunger, we see its action on the pneumo-gastric nerve. It is evident that this is a morbid condition of the nerves of the stomach, as it cannot be relieved by the injection of that quantity of food which, in the normal condition, is amply sufficient to destroy the sensation.

As a proof of its homœopathic action, I may mention, that opium has long been known as a dispeller of hunger. It is related, that the Turkish couriers, when crossing a desert, can fast for eight days with one grain of opium ; and the Indian priests are in the habit of taking opium during their long fasts, in order to satisfy their hunger.

4. Along with ravenous appetite, we have frequently other phenomena exhibited : Thus the food ingested gives no satisfaction, or it may produce swelling and oppression of the stomach ; or the desire to partake of food may be great, but the first morsel swallowed produces oppression, without satisfying the appetite ; or the ravenous desire for food may exist along with disgust at all victuals, or with overpowering weakness, &c. These symptoms, however, do not merit a particular consideration ; they evidently depend on an irritation of the pneumo-gastric nerve.

5. Another set of symptoms removed by opium in the most satisfactory way, and likewise produced by it, is a sensation of *fulness and oppression in the stomach, with shortness and difficulty of breathing*. From these we may imagine that

opium would be useful in subacute gastritis, which in reality it is; and this has been long known to the allopathic physicians, who are in the habit of prescribing it in this disease, as also in gastritis acuta, after their indispensable bleeding has been duly performed. For my part, I do not consider, however, that its efficacy in this case depends on its homœopathic action. It would occupy too much time were I to give my reasons for this opinion. I may merely allude, *en passant*, to the medicine which I consider the most efficacious in this disease. This is the *Murias auri et sodæ*. In chronic inflammation of the stomach, I may also mention *colchicum* as another useful remedy.

6. In *colica saturnina*, opium has been pronounced, both by allopathic and homœopathic physicians, to be specific. On comparing a description of that disease with the action of opium on the bowels, it will be found almost word for word the same; therefore opium is, in it, the true homœopathic specific.

7. We likewise alluded to severe labour-like pains affecting the uterus, as produced by the use of this drug. I have succeeded in curing such affection by its homœopathic administration; but, as it is not our best remedy, I shall not dwell longer upon it.

(To be continued.)

REVIEWS.

1. *Austria; its Literary, Scientific, and Medical Institutions, &c.; and Guide to the Hospitals and Sanatory Establishments of Vienna.* By W. R. WILDE, &c. Dublin, Curry, 1843.
 2. *The Contagion of Ophthalmo-blennorrhœa; an abstract from J. F. Piringer's work, "The Blennorrhœa of the Human Eye, &c."* By ARTHUR B. STOUT, M.D. New York, W. S. Dean. 1842.
 3. *Die Blennorrhoe am Menschenauge.* Von JOSEPH FR. PIRINGER, M.D., &c. Grätz, Ferstl. 1841.
- The Blennorrhœa of the Human Eye.* By Dr JOSEPH F. PIRINGER. Grätz, Ferstl, 1841.

Dr Wilde's well-earned character as an indefatigable traveler, an acute and original observer, and a most agreeable

writer, led us to anticipate a valuable and interesting work upon Austria from his pen,—nor have we been disappointed. The book belongs to that pleasant neutral ground, where science and literature, politics and general information, harmoniously mingle; and in the composition of it, Dr Wilde has avoided a fault that a less experienced or less courageous writer would have committed—he has not been deterred from mixing up with much that is pleasant a great deal of statistical and purely medical information, which must have cost much pains to acquire, and which, while it greatly enhances the value of the book, will probably detract from its charms in the eyes of the many who read such things rather for amusement than instruction. To one about to visit Vienna, however, whether in the capacity of a medical student, or a general observer of men and things, this book will be found an admirable guide. Full of information such as is wanted, abounding in many and independent observations, it not only tells what is to be found in Vienna, but it also suggests frequently what ought to be found there, but what will be looked for in vain. Let us observe, however, that we think the title ought have been “Vienna, and its Institutions,” rather than “Austria,” for the work treats almost exclusively of the metropolis, and we are told nothing except by general statistical details of the condition of the other cities; of Prague, for example, the noble capital of Bohemia, or of the vigorous cities in Hungary, all which we might have expected to find in a work on Austria. Nevertheless, as Paris is France, so in some measure is Vienna Austria; and as students repairing thither will naturally always go to the capital, the omission will not be materially felt.

As we are now fault-finding, we may as well observe that, when the work comes to a second edition, we hope to see many little inaccuracies, apparently chiefly typographical, corrected. There is one point, too, on which Dr Wilde writes with much eloquence, and which we cannot but regard as a hobby of his. We refer to the immense benefit that he thinks would accrue to science from the establishment of an academy in Vienna. Now, even in free countries we do not think that organized bodies for the promotion of science have effected nearly so much good as might have been expected from them. Most

men are beginning to look, or have long looked upon, the British Association as a complete failure; and if these things fail in a free country, they are much more likely to do so in a despotic one, where they must either succumb to the government in everything, or, asserting their independence, incur its jealousy, and be overthrown. Hitherto science has been advanced almost exclusively by individual endeavour, and all that public bodies can do, for the most part, is to prevent obstruction.

Passing over those parts of the work which are intended for the general reader, the political economist, and the student, we turn to those more immediately interesting to the pathologist and practitioner of medicine.

With respect to the modern school of pathology and semeiology in Vienna, we need not say much, as these are represented almost entirely by Skoda and Rokitansky; the work of the former of whom we have already fully reviewed, and that of the latter we intend in some future number likewise to notice.

Dr Wilde fully appreciates the merits and the spirit of these labours of these eminent men, and it is to be hoped that his work may be successful in drawing the attention of the medical profession in this country to the result of their investigations. The most ample and (as we can verify from personal knowledge) accurate information is given respecting the public and private courses of instruction, so that the student or medical visiter will have no difficulty in at once finding out all that is interesting or instructive. We may quote the following concise description of the peculiarities of the Vienna school, p. 183:—

“We all know how difficult it is to dispossess the mind of any previously-conceived and long-cherished idea, by which we either treat or explain the phenomena of disease. We have all witnessed how frequently men generalize from a few particular cases, and how easily they find the morbid appearances to agree with the previous diagnosis, and if they do not find such, they fancy that they do. This has arisen from the physician who treats the case, the pathologist, and the morbid anatomist, being one and the same person; and the schools of Vienna, previous to the present mode of examining diseased structures, offered a well-marked example of this defect. The *Protocols* of the different medical sections teemed with numbers of cases whose *post mortem* appearances fully corroborated their previous diagnoses, and yet but little advance was made in pathological science in those times. Furthermore, although I do not believe the diseases have altered, yet we now find patho-

logical appearances quite different from what they were said to be previous to the introduction of Rokitansky's method. He first emancipated himself and his school from this fault, and now teaches general pathology and morbid anatomy (unconnected with, or obstructed by, either diagnosis or theory) solely from the changes observable after death, and the solid grounds of observation and experience. This school comes nearer to the principle aimed at by the immortal Laennes than any other since his day, and, in many respects, it surpasses the original. Discarding all presumptive hypothesis, it is characterized by a tendency to take objective and natural historical views of the organic and structural changes accompanying disease ; and also, as far as possible, to discover the peculiar morbid products which distinguish certain morbid states. Thus it is purely inductive, and when it admits of speculation, it is merely as to the mode of origin of these changes."

In connection with these views we cannot refrain from making an observation, on which we hope to enlarge upon more fully on a future occasion, viz. :—That the present tendency of the modern school, which directs its attention chiefly to the *character* of morbid action as indicated by specific morbid products, coincides remarkably with the homœopathic doctrine in therapeutics, which chiefly occupies itself with the *specific character* of the action of medicinal agents.

To come now to the part of the work more especially interesting to us, we see with pleasure the impartial, and on the whole, accurate description given by Dr Wilde of the state of Homœopathy and homœopathic institutions. We hope it may be the means of making these more extensively known among the medical practitioners at home, for we are convinced that it is ignorance alone of the existence of such public establishments that is the cause of the neglect with which the subject of homœopathy has hitherto been treated in this country. A few may have heard in a general and vague way that homœopathic hospitals do exist somewhere abroad, but the statistics of these establishments have not been so accurately or extensively known as to enable them to produce their legitimate effect.

We are fully persuaded, that if it is told to English medical practitioners, in such a definite and authentic manner, that their minds can realize the fact, that there are hospitals where hundreds of severe cases of acute and chronic diseases are yearly treated without a bleeding or a blister, and with a quantity of medicine not exceeding a few grains for the whole

year ; and, at the same time, that the average mortality is less, and the average duration of treatment shorter, than in other hospitals, they cannot fail to be struck, and many will give the subject that earnest attention which it deserves. Dr Wilde begins, p. 271 :—

“And although I neither advocate that doctrine, nor slander its supporters, I deem it but the part of truth and justice to lay the following statement before my readers. One of the cleanest and best regulated hospitals in the town is managed on the homœopathic plan. The following circumstances led to its erection :—The rapid spread of this mode of treatment in Austria, and the patronage it received from many noble and influential individuals in that country, attracted the attention of the government several years ago, who, with their characteristic jealousy of innovation, then issued an order forbidding it to be practised. As, however, this had not the effect of suppressing it, but as it seemed rather to gain strength from the legal disabilities under which it then laboured, it was determined in 1828 to test its efficacy in the military hospital of the Josephinum. With this view, a commission was nominated, consisting of twelve professors, all of whom, it is but fair to observe, were strenuously opposed to the homœopathic doctrine. Dr Marrenzeller, a veteran homœopath, and a contemporary of Hahnemann’s, was appointed as the physician, and two members of the commission always attended him during his visit, and at the expiration of every ten days reported the progress of the cases under his charge. The only part of the report published is that of Drs Jäger and Zang ; it contains a very brief outline of the cases and their treatment, and expresses the surprise of these eminent professors at the happy issue of some of them. The commission, however, as a body, came to the conclusion, that from results obtained from their investigations, it was impossible to declare either for or against Homœopathy ; one of the twelve, however, subsequently stated his conviction of the efficacy of the system from these trials, and has since remained an open adherent of it.”

He then proceeds to describe the appearance, locality, and history of the homœopathic hospital in a correct manner, but as we intend in a future number to give a full description of it, we need not extract that portion of the work.

Respecting the treatment of the Cholera, we find the following substantially correct account ;—

“Dr Fleischman agreed to continue his charge on the condition that he was to be permitted to adhere to the homœopathic plan of treatment. To this the government assented ; and two district physicians (allopaths) were appointed to report upon the nature of the cases taken into this hospital, as well as to observe their course and treatment. Upon comparing the report made on the treat-

ment of cholera in this hospital, with that of the same epidemic in the other hospitals in Vienna at a similar time, it appeared, that while two-thirds of those treated by Dr Fleischmann recovered, two thirds of those treated by the ordinary methods in the other hospitals died. This very extraordinary result led Count Kolowrath (minister of the interior) to repeal the law relative to the practice of homœopathy, although with that inconsistency which not unfrequently distinguishes the Austrian government, it at the same time enacted the strictest prohibition of all works in favour of the system being published in Austria. From the year 1832 to the year 1840, the entire number of patients treated in this hospital of the Barmherzigen Schwestern was 4422; of these 3758 recovered, 313 died, and 93 were dismissed incurable. But these numbers include also the cholera patients treated in 1832 and 1836. The cases treated in the establishment are of much the same nature as those received into any general medical hospital, and, as may be seen by reference to the annexed return, include a great number of those affected with acute diseases."

At p. 276, he adds a few remarks on the general statistics, followed by a short tabular view similar to that at p. 169 of this journal.

Dr Wilde concludes with the following favourable testimony to the general merits of the system, p. 277:—"Whatever the opponents of this system may put forward against it, I am bound to say, and I am far from being a homœopathic practitioner, that the cases I saw treated by it in the Vienna hospital were fully as acute and virulent as those that have come under my observation elsewhere; and the statistics shew that the mortality is much less than in the other hospitals of that city. Knolz, the Austrian *Protomedicus*, has published those for 1838, which exhibit a mortality of but five or six per cent., while three similar institutions on the allopathic plan, enumerated before it in the same tables, shew a mortality as high as from eight to ten per cent."

We now come to a subject peculiarly interesting to the homœopathic reader, and in connection with this will notice more fully the other works whose titles are given above. We mean the cure of pannus and chronic ophthalmo-blennorrhœa by inoculation with the contagious matter of acute blennorrhœa.

The success that has attended this truly homœopathic operation is highly gratifying.

There seems to be much confusion among authors with re-

gard to the proper application of the word *pannus*, and although the ophthalmological writers in Germany seem at length to have arrived at a definite idea of the word, in this country authors still display a lamentable want of uniformity in its use. Scarpa defined it as the union of two or three pterygia in the centre of the cornea, so as entirely to cover that membrane ; a disease of very rare occurrence ; and Mackenzie limits it to the appearance presented by the vascular condition of the cornea in scrofulous corneitis ; but by far the greater number of writers in England omit all mention of the word, and use instead thereof the more objectionable term of *vascular cornea*.

What, however, our continental brethren general understand by *pannus* is a hypertrophied condition of the vessels or cellular membrane of the conjunctiva corneæ. This definition will serve to distinguish it from pterygium, which is a vascular growth upon the conjunctiva, from which it is very easily separated by dissection.

There are two varieties of pannus, neither of which are idiopathic, both being the product of inflammatory action. 1. The *pannus vasculosus* or *crassus*, which presents a darkish red appearance, caused by a net-work of varicose vessels running from the sclerotic conjunctiva over the cornea. The disease generally commences at the upper border of the cornea, and according to its degree of development, obscures or entirely destroys vision. The whole of the globe of the eye is generally vascular, very sensitive, with a feeling as if there were sand between the eyelids and eyeball ; there is photophobia, the secretion of mucus is increased, causing the lids to adhere together in the morning. The cornea appears thickened where the pannus exists. This kind of pannus is generally the result of scrofulous or rheumatic inflammation ; it may, however, also occur after blennorrhœa. 2. The *pannus cellulosus* or *tenuis* consists in a hypertrophy of the cellular tissue of the conjunctiva corneæ. The cornea appears of a dull yellowish hue ; its conjunctiva seems to have lost its tension, and has somewhat of a puckered appearance ; a few red vessels proceeding from the sclerotic conjunctiva ramify over the cornea ; when the light is reflected in a particular manner

from the cornea, its surface appears uncovered, rough, corroded, or covered with particles of dust. This variety is not accompanied by so much photophobia as the former, neither is vision obscured to such an extent, the patient being able to distinguish, though dimly, the outline of large objects. It is generally the result of purulent ophthalmia, and seems to us to be owing to the irritation kept up by that granular state of the palpebral conjunctiva which we so frequently find persisting after that disease. Either of these two varieties of pannus may be caused by the long-continued irritation of a foreign body in the eye; thus they are not unfrequently produced by trichiasis and distichiasis, but generally disappear after the radical cure of these affections. That the pannus consequent on purulent ophthalmia would in like manner disappear on the removal of the granular state of the palpebral conjunctiva, is most probable, but how difficult it is to effect this, the vast number of methods proposed, and the few cases of cure we see, sufficiently testify. This formidable disease is a very frequent cause of dismissal from the army, and it is no unusual sight to see the veteran who has been paid off from having contracted this affection in a tropical climate, become the miserable frequenter of a dispensary for the remainder of his life. From the report of Professor Juengken, published in 1834,* we see the fearful extent to which it prevailed in the Belgian army; in Russia it seems to have been equally prevalent, as we learn from the pamphlet of Dr Tschetirkin;† and owing to its ravages in the Austrian army, Professor Jaeger was called on by government to draw up a memoir on the subject.‡

The discovery by the last mentioned oculist in 1812, while yet assistant to Professor Beer, promised relief to the sufferers from pannus, and offered hopes of a radical cure. He found that the inoculation of blennorrhœal matter, by exciting a fresh purulent ophthalmia, had the effect of dispelling the pannus, and restoring vision.

* Ueber die Augenkrankheit, welche in der belgischen Armee herrscht. Von J. C. Juengken.

† Ueber die Augenkrankheit welche in der k. russischen Armee herrscht. V. Dr Tschetirkin.

‡ Die ägyptische Augenentzündung. Von Fr. Jaeger.

This procedure met with almost universal disapprobation at the time ; its dangerous effects to the eye were magnified, and Jaeger, discouraged by its unfavourable reception, seems to have neglected it for many years. In 1827 Dr Piringer directed his attention to the subject, and from a paper of his,* published at this period, we learn that he inoculated with success a considerable number of pannotic eyes. His work, the title of which is at the head of this article, informs us, that since that time he has practised this method on a more extended scale. Altogether he has treated sixty-one cases, only two of which have proved unsuccessful. Dr Stout's essay informs us of the number treated by Professor Jaeger, of which we subjoin a statement :

Cases treated,	.	.	.	.	.	.	84
Cured,	.	.	.	.	.	.	79
Unsuccessful,	.	.	.	.	.	.	5

If we add to these the number treated by Dr Piringer, we find the total amount to stand thus :

Cases treated,	.	.	.	.	.	.	145
Cured,	.	.	.	.	.	.	138
Unsuccessful,	.	.	.	.	.	.	7

This is surely a sufficient answer to those alarmists who object to the system as liable to produce total destruction of the eye. We must bear in mind that the disease is next to incurable by any other means, and if of long continuance, is apt to cause total and irremediable amaurosis, from deficiency in the supply to the retina of its natural stimulus, light, or extension of the inflammatory action to the nerve, so that even were the risk of losing the eye (we should rather say of the operation failing, for the unsuccessful cases were merely not cured, the eye was in no case lost,) much greater, it would be worth while running it,

For when your case can be no worse,
The desp'rat'st is the wisest course.

Jaeger insists on inoculating the pannotic eye with the matter of ophthalmia heonatorum, not gonorrhoeal ; but Piringer (at p. 131) contends that " all blennorrhoeæ are essentially the

* Mediz. Jahrb. des oester. Staates. Bd. xv. st. 2.

same disease, the varieties which they present resulting from differences in the individuals themselves (constitution, age, sex, temperament), and from differences in the circumstances under which they take the disease (quality of food, condition in life, occupation, locality, season, weather, prevailing type of the disease);” so that, according to him, it matters little what kind of blennorrhœa is selected, provided the conditions we shall afterwards point out be attended to. Many arguments and cases are given by the author in support of this doctrine, but which our limits prevent us detailing. He sums up the subject of the identity of the various denominations of ophthalmic blennorrhœa in these words: “The difference exists in men’s minds alone, the blennorrhœa is named gonorrhœal, if the patient happen at the same time to be suffering from clap; it is termed catarrhal, if this be not the case, or if it be preceded by a catarrhal or rheumatic affection of the eye; and it is pronounced Egyptian ophthalmia, if several individuals be attacked at once.” (P. 153).

We shall enter here at length into the description of the disease, and give in detail the technicalities of the operation, in order that those who are not conversant with the German language, or have not Piringer’s work, may be enabled from this notice to make use of the inoculation as a curative means.

“Piringer divides acute blennorrhœas into three degrees. The first degree commences with a slight congestion and irritation of the eye, accompanied with lachrymation and some intolerance of light; children keep their eyes closed, and adults cannot avoid winking. These first symptoms generally commence in the evening; on the following morning when the patient washes, he finds his eyes so much better that he thinks no more of it during the day, and is only again reminded of it in the evening. Sometimes after two or three such exacerbations and remissions, the blennorrhœa commences, sometimes again it is fully developed on the first morning. In the perfectly formed blennorrhœa of the first degree, the conjunctiva and *plica semilunaris* present a velvety appearance, which sometimes increases so as to assume a granular aspect, which is owing to the swelling out of the *papillæ* of the conjunctiva. At first they seem to be all equally swollen, but afterwards some appear to be larger than others. The secretion in this degree is sometimes thin and watery, like whey; sometimes turbid and somewhat bloody, like serum; sometimes more viscid and greyish like mucilage diluted in water. This degree corresponds to the *hydorrhœa* of Graefe, the milder and more chronic form of other authors. The *ophthalmia neonatorum* very fre-

quently does not go beyond this degree. It sometimes begins to decline after a few days ; not unfrequently, however, it advances after the lapse of one or more days, onwards to the second degree ; the physician is frequently surprised at his morning visit to find a blennorrhoea of the second degree, the first degree having scarcely arrested his attention.

“ The second degree is accompanied with considerable pain, heat, and swelling of the lids, the palpetral conjunctiva and plica semilunaris became much swollen and villous, a secretion of a whitish or greyish, sometimes thick yellowish white matter takes place, accompanied with profuse lachrymation. This form answers to the phlegmatorrhoea of Graefe, the more severe and acute form of other authors it is the true blepharoblennorrhoea.

“ In a great number of individuals, after remaining some days in this form, it begins to decline ; very often, however, after that period, the conjunction of the sclerotica takes on the blennorrhoeic process, and constitute an ophthalmo-blennorrhoeic process, the third degree of Piringer, the highest degree of Egyptian ophthalmia, the pyorrhoea of Graefe. Sometimes this degree comes on with such rapidity, that the stage of blepharo-blennorrhoea does not come under our observation. This generally happens in eyes inoculated with matter of the second and third degrees, or from gonorrhœal matter. In a note in p. 178, Piringer mentions two cases in which, from six to eight hours after inoculation with clap matter, a sensation of dryness in the eye was perceived, followed by intense itching and prickling ; in the course of two hours a true erysipelas of the conjunctiva appeared ; the eyelids not being much swollen, and not much pain being felt, this state continued for from six to twelve hours, when suddenly a true and violent ophthalmo-blennorrhoea became developed. Granulations of the sclerotic conjunctiva are frequently seen in this stage.

“ If the blennorrhoea of this degree do not rapidly decrease, the blennorrhoeic process gradually extends to the conjunctiva corneæ, or the congestion increasing, extends into the substance of the cornea, and produces a true inflammation of it, keratitis-blennorrhoea. The third degree is accompanied with great photophobia and pain. The practical physician recognises only two stages of every blennorrhoea ; that of increase and that of decrease. The duration of the first depends on the treatment ; it is sometimes ended in from five to seven days, sometimes it lasts fourteen days.

“ The secretion in the second and third degrees, is sometimes very fluid and greyish white, like vegetable mucilage, sometimes viscid and frothy like cream, sometimes more consistent and yellowish, like laudable pus, sometimes, again, thin, turbid, and various like the discharge from an unhealthy ulcer.

“ The colour of the sclerotic conjunctiva in the commencement of the disease is pale, rose-coloured in some instances, bright red in others ; as the disease advances it becomes sometimes of an intense brick-red

colour, sometimes dark flesh-coloured, or even bluish red. The course of inoculated blennorrhœa (as in most other inoculated diseases) is much more rapid than that produced in the natural manner; for, whereas the latter may remain for several days, having only the appearance of a slight catarrhal inflammation, the former attains its full development in from eight to ten, at most twenty-one hours after the first symptoms.

“The periods which elapse before the inoculation takes effect by blennorrhœic matter of different degrees, and under different circumstances, are various: thus matter taken from a blennorrhœa of the second or third degree, in the first stage, and immediately conveyed into another eye, still retaining the heat of the body, causes the first symptoms, burning itching, lachrymation, lively redness of the palpetral conjunctiva, in from 6 to 12 hours; and in from 12 to 18 hours the blennorrhœa is perfectly developed.

“If the same matter be introduced after being allowed to cool, the first symptoms appear some hours later, and the blennorrhœa is not fully developed until from 20 to 30 hours after its introduction.

“If the matter be from 18 to 24 hours old, but still liquid, the first symptoms appear still later. No reaction will be perceived before from 24 to 36, and even 48 hours.

“If the matter be previously dried upon an inoculating needle or brush, and after from 36 to 48 hours moistened with steam, or scratched off as powder, and thus introduced, the first symptoms appear after from 50 to 60 hours. In one of Piringer's cases, dry matter 63 hours old, taken during the decline of the disease, did not produce its effects before $7\frac{1}{2}$ days had elapsed.

“The fresh secretion of the first degree produced no symptoms before from 60 to 70 hours; and still longer time, from 72 to 96 hours, passed before the fresh matter of chronic blennorrhœa produced any effect.

“Blennorrhœa of every degree, when properly treated, attains its greatest intensity in from 3 to 5 days; sometimes even in from 24 to 36 hours; it remains at this point for from 5 to 7 or 14 days, and then gradually declines without critical symptoms. (P. 191).

“In the blennorrhœa of the third degree, the decline of the disease is first made evident in the conjunctiva surrounding the cornea; the sclerotic begins to glisten through a net-work of vessels, becoming gradually more and more distinctly visible. It thus assumes the character of a blennorrhœa of the second degree. After this the swollen state of the palpetral conjunctiva and plica-similunaris begins to decrease; the secretion becomes less irritating and less viscid, of a lighter colour, and smaller in quantity. The disease thus becomes a blennorrhœa of the first degree. The sclerotical conjunctiva now loses all its vascularity; the plica recedes, becomes of a rose colour, and afterwards yellowish red; the conjunctiva attains its natural hue, and the papillæ gradually subside. (Pp. 192-195).

“ A blennorrhœa of the first degree properly treated, ends frequently in from two to four weeks, but sometimes not before the sixth or eighth week. Those of the second and third degrees terminate generally at the fourth or sixth week—rarely at the third. The average duration may be said to be four weeks. In individuals of a torpid, weak, phlegmatic constitution, it seldom leaves before the fourth, sixth, or eighth week,—in scrofulous, weak individuals, it may last from eight to twelve weeks.”

The artificially excited ophthalmo-blennorrhœa is, says our author, “ efficacious in every kind of pannus, be it recent or old-standing, thin or thick, lymphatic, vascular, fleshy, or even ulcerous. The so-called *dry pannus* (xerophthalmia) forms the only exception.” (P. 250).

In order, however, to produce the desired effect, a blennorrhœa of the third degree must be developed. Some cases are related by the author, shewing the necessity of this, in which the inoculation had to be repeated more than once, the first attempt not having produced a sufficient amount of inflammation.

The secretion from a blennorrhœa of the second degree is that recommended by Piringer, for inoculating the pannotic eye, as he considers the inflammation caused by that of the third degree, liable to become more intense than is desirable; but as it is almost impossible in a limited practice to obtain matter from a blennorrhœa of a particular degree whenever it is wished, perhaps it would amount to the same thing, were the matter from a blennorrhœa of the third degree, or of a gonorrhœa, to be diluted with distilled water. These are points of considerable importance, which, it is hoped, will be more fully investigated experimentally. Piringer, indeed, remarks in another place (at p. 78), that the inoculative power is retained by the matter of the second and third degrees, even when diluted with from 50 to 100 parts of water; and at p. 111, he details a case where the matter of a second degree, mingled with a very large quantity of water, produced a blennorrhœa of the first degree.

Of the 61 eyes (33 individuals) operated on by Piringer, only two remained uncured of pannus, and that in consequence of the blennorrhœa not having attained the requisite degree of intensity; in 34, the pannus was completely re-

moved, without leaving the slightest trace of previous disease ; in eight, slight opacities on the cornea remained, yet without interfering to any great extent with vision ; in eight, the operation for artificial pupil had to be performed, in consequence of central leucoma, but in all of these, sight was perfectly restored. In nine alone was sight not restored, although the pannus was cured, in consequence of the previous existence of amaurosis. None of the patients experienced a relapse of the pannus,—a thing which very frequently occurs when the disease is cured by other means.

“The sympathy of the two eyes,” says Dr Stout (p. 19), “becomes singularly illustrated in the history of this inoculation. The existence of a diseased state alters materially the organic character of the conjunctiva, and therewith its susceptibility to disease. A want of knowledge of this fact retarded for some time the progress of researches in inoculation. It was remarked, that if the inoculation be confined to one pannotic eye, when the pannus existed also in the other, that in a few days after the commencement of reaction in the first, the second also took on inflammation, and both alike were cured. When, however, but one eye was pannotic, the destruction of the second was feared, by the resulting inflammation in a healthy eye, until Professor Jaeger boldly made the attempt, and found that the disease was not extended ; but while the pannus was perfectly cured, the other eye remained equally healthy. It is thus proved, that when both eyes are pannotic, the inoculation of one may suffice for both ; when one is sound, the other pannotic one may be inoculated without fear of an extension of the disease, if strict caution be observed not accidentally to inoculate the healthy eye. When, however, by accident the inoculation is made on a healthy eye, the most disastrous results may be expected.” An instance in proof of this is related by Piringer (p. 253), in which a vine-dresser inoculated his healthy eye from the pannotic one which had been inoculated, and was then discharging, under the impression that it would make him still better ; but so far from that, ulceration took place in the cornea, the iris prolapsed, the pupil was obliterated, and the operation for artificial pupil was rendered necessary. These facts

furnish an illustration of the greater susceptibility possessed by a diseased part, to the specific or homœopathic remedy. They might also, we think, be used as an argument in favour of the doctrine that poisons act by sympathy, and not by absorption.

Piringer states, at p. 190, that a blennorrhoea produced in any other way than inoculation, invariably attacks both eyes, if not at the same, at all events with no great interval of time between the two, although the greatest care be taken to prevent the passage of matter from one to the other.

Mr Wilde mentions (p. 251) the mode in which Jaeger inoculates pannotic eyes, and which we have ourselves witnessed; a camel hair pencil dipped in the matter of ophthalmia neonatorum, is moistened over the vapour of warm water, and introduced between the eyelids. An effect is produced in the inoculated eye in from six to twelve hours; in the case cited by Mr Wilde a glutinous viscid mucous discharge was perceptible on the ciliac and palpebral margin within one hour and a half from the time of the application of the matter. We need not detail the further course of the disease, that differing in no respect from the well known course of ophthalmoblenorrhoea produced by other causes. The treatment pursued both by Jaeger and Piringer is what is called antiphlogistic, consisting of confinement to bed in an apartment into which not much light should be allowed to enter, cold wet applications to the eyes, careful clearing away of the matter, administration of saline purgatives, and tartar emetic, with leeches and venesection if the inflammatory symptoms seem very high. Of course the antiphlogistic treatment should not be so energetic as to check the disease before it has attained its proper development. The treatment generally lasts from six to twelve weeks, and sometimes a longer period elapses before the patient can be dismissed.

Piringer has found inoculation effectual in cases of chronic blennorrhoea, and we believe the merit of this discovery belongs to him; he says, "the rapid manner in which the granulations in the palpebral conjunctiva are by this method removed, must be seen in order to be believed." (P. 258).

Dr Piringer's is a very complete treatise on the various kinds

of blennorrhoea; were we inclined to be hypercritical we might find fault with its extreme wordiness and minuteness of description, which gives it the air of having been "spun out." We think likewise, that a better plan might have been adopted with the arrangement of the index; but notwithstanding these minor faults, we have no hesitation in saying that it is the most valuable work on the subject we have yet seen.

Dr Stout's is little more than what its title indicates, an abstract of Piringer's bulky volume. Whether owing to the ignorance of the printer, or the carelessness of the author, we know not, but it abounds in mistakes. Thus, in page 1, we have Italy in place of Austria, and Bayern for Bavaria. In page 11, we have the following contradictory sentence: 'The matter of blennorrhoea of the third degree collected upon an inoculating needle of horn, and then carefully closed up to protect it from the air, produced at the end of the third day a severe ophthalamo-blennorrhoea, when 48 hours old. When, however, three days old, scraped from the needle and introduced into a pannotic eye, it was inert.' Then, in the next page, he speaks of the third degree instead of the first, thus totally destroying the sense of the passage in Piringer, from whom it is taken. However, we feel grateful to him for its publication, and hope it may be the means of inducing our transatlantic brethren to lend their assistance in further proving the efficacy of this treatment of pannus and chronic blennorrhoea.

In conclusion, it is scarcely necessary to point out to the homœopathic reader the extreme importance of the above described inoculation cure, not so much on its own account as that it adds another to the well-ascertained instances in which contagious principles have been successfully used as homœopathic agents. As these are the most powerful known agents in causing disease, so we believe they might be made the most powerful agents in curing disease, if we only rightly understood how to use them. In the present case, the process of cure is as yet far from what we could wish, being any thing but *tuto, cito et jucunde*, for it is a painful, tedious, and to a certain extent hazardous process. It remains to be seen, and we

hope homœopathic practitioners will direct their attention experimentally to the investigation of this point, whether the process may not be rendered milder by simple dilution, or by obtaining a modified blennorrhœal matter through inoculation on some of the lower animals, and also whether diluted or modified blennorrhœal matter may not be found the specific remedy in the accute ophthalmo-blennorrhœa. The recent discoveries respecting the fundamental identity of variolous and vaccine matters seem to favour these views.

Pathology founded on the Natural System of Anatomy and Physiology: a Philosophical Sketch, in which the Natural Classification of Diseases, and the distinction between Morbid and Curative Symptoms, afforded by pain or its absence, are pointed out, as well as the Errors of Homœopathy, and other Hypotheses. By SAMUEL WALKER. Second Edition.

Mr Walker having acquired a name, has ensured himself a publisher, readers, notices in reviews, nay, has even pushed his book, or "philosophical sketch," as he modestly calls it, into a second edition. Independently of these extrinsic claims to attention, there is a good deal in the book worthy of comment, both as being in itself interesting, and as indicating an approaching change. Mr Walker does not denounce Homœopathy in utter ignorance of its principles; he does not make it the excuse for incorporating into his work withered newspaper jests or limping madrigals, intended to be humorous; but, to the amazement, alarm, and no small perplexity of the reviewers, he treats it like a serious subject. He would fain occupy the sign of Libra in the zodiac, and cast, with imposing impartiality, the different systems into his righteous balance, and, weighing them all, find in each some want which another was fitted to supply. An eclectic with a truly catholic spirit! He finds, indeed, sad deficiencies in all systems, but does not see how the others can be fitted into the vacancy without some combining medium; and the combination he effects by a cement of most singular hypotheses, which

he calls his new system. This system, called the natural, has for its base anatomy, its column is physiological pathology, and therapeutics is its capital. Experience has destroyed many a fair system, but not until it had received a sanguinary tribute from credulity. Of such a result there is no danger in this case, for Mr Walker's system is so manifestly inapplicable, as to be wholly innocuous. His dwelling is amid the clouds of lofty speculation; and the transient glimpses he gains of the earth serve but to give to "airy nothing a local habitation and a name."

The work begins with selections from the writings of Sydenham, Heberden, and other distinguished authors, which proclaim the deplorably low condition of medicine; and then follows a pleasant sketch of the treatment which any reformer who seeks to elevate the science from this pitiable state may expect to receive from his liberal brethren. This prospective picture is drawn from experience of the past; from the poverty and degradation of Harvey; from the popular indignation, instigated by the medical profession, against Lady Mary Montague; and, finally, from the unmeasured invective which assailed the gentle Jenner, and his exclusion from the College of Physicians,

"Tempora mutantur, nos et mutamur in illis?"

Hence, argues our author, not only is medicine, according to the testimony of its highest authorities, full of inconsistency and self-contradiction, but such a bigotry and hatred of innovation reigns there, that any attempt at improvement is sure to endanger the peace of the innovator. Turning with mingled disgust and contempt from the old school, he fixes his regard on Homœopathy, and finds in it gross inconsistencies, inasmuch as Hahnemann rejected all scientific studies, while his disciples maintain them to be necessary for the homœopathic practitioner. The statement is not correct. Hahnemann objected only to the specious systems of the schools. He was far too profound a scholar, far too skilful a scientific investigator, to underrate the value of any kind of knowledge; and, so far from excluding science from medicine, he has done more to evolve a science of therapeutics, by the light of which

medicine may be practised, than any man who ever lived. But even were the statement true, that Hahnemann and his followers formed a different estimate of the value of scientific studies, it would only imply, that, while homœopathists believed in Hahnemann's discovery of the law of therapeutics, they did not on that account receive every opinion of his with slavish acquiescence: And, if this be inconsistency, then must Calvin, Zwingle, and all their followers, be pronounced inconsistent, because, while admitting the great truths of the Lutheran Reformation, they departed in many points from the Reformer.

Our author next expounds his system of classification, according to which, all functions are divided into *locomotive*, *vital*, and *thinking*. We would not cavil about names, and we may admit that this arrangement includes all that a system should. As a system of anatomy and physiology, it may be good; good as a system of general pathology; but it is wholly useless as a nosological, and most mischievous as a therapeutic, system. It is useless as a nosological arrangement, because there is scarcely one disease which might not, with equal propriety, be allotted to any one of the three heads, and the selection of the class must depend on the caprice of the physician. Take, for example, an inflamed toe: it cannot be moved. The affection, then, must belong to the first class, as belonging to the locomotive apparatus; but the bloodvessels are affected, and, as the vascular system comes under the *vital* schedule, it ought to be placed in the second class. It is moreover painful, and pain is the characteristic of the *mental* province, so it must belong to the third. So for this gouty toe we have all the three heads of this cerberus fiercely contending; and how are we to decide the rightful owner? "By allotting it to that system which first became affected," says our author, as a culprit is tried in the county where he committed his crime. But may not all the systems have been affected simultaneously, or, if not, may it not be impossible for us to say which was first involved? Is it not founding our grand division of diseases upon a guess? And does it not look more like a quiz upon the nosologists than any thing serious?

But what is mere absurdity as applied to nosology becomes

perfect madness when applied to practice. For it requires us, before treating a disease, to ascertain its proximate cause, and fix its position in the system. Now, the diseases most successfully treated are those about the proximate cause of which we know nothing. What is the proximate cause of ague? Answer this, and *then*, but not till *then*, administer your bark and cure the disease, although to the shivering sufferer it is of no consequence whether you know the proximate cause of his complaint or not, as long as you know what will cure him. To ascertain the proximate cause of a disease is undoubtedly highly desirable; but to imagine a proximate cause and treat accordingly, is to hazard human life upon the chance of a guess, which, if correct, does not necessarily instruct, and if incorrect, certainly misleads.

His section on the nature of disease is headed by a quotation from Hahnemann, who asserts that the removal of the cause of disease is the highest aim of art. Our author then analyzes Hahnemann's theory of the nature of disease, and sums up his objection with this singular paradox, which looks indeed much more like a juggle of words than a logical argument: "The assertion of the undiscoverableness of disease is in itself a contradiction; he who asserts the impossibility of knowing at the same time, implies that he knows; for all *difficulty* of attainment is *relative* to the particular *object* to be attained; *in order to know the degree of difficulty, the object itself must be already known.*" The obvious explanation of this sophism is, that although we cannot positively circumscribe the field of knowledge, we can prescribe the only methods of knowledge; and if the nature of anything be such that human faculties cannot attain to definite conceptions of it, on this there can be no reasoning; for the premises of all ratiocination are derived either from the primary truths of the reason,—and the intimate nature of life and disease is not one of them,—or from the testimony of the senses regarding the phenomena of nature; and a knowledge of phenomena, however perfect, never discloses the essential nature of the subject of those phenomena. So that if we regard life as a principle animating organism, and disease as a modification of that principle, we may assert, that as the nature of life is undiscoverable, so

must the nature of disease. But without all this refinement, we are surely quite safe in saying, that until the intimate actions of the healthy organisms are understood, the aberrations from these which constitute disease never can be known. It would not be worth while to follow our author through the various theories of disease on which he comments, for with many he seems to have established an acquaintance but very recently, and hence has naturally but little compunction in dropping it. After having cleared the way in a most summary style, he proceeds to bring out his own system, which is this: There are, it seems, two kinds of symptoms, the one morbid, the other curative. These are to be distinguished; the first are to be subdued, the second encouraged.

There are three conditions required to establish a system of medicine; *first*, it must be founded, not on hypothesis, but observation; *second*, it must be consistent with itself; and, *third*, it must be applicable to practice. Let us see how far this system fulfils these conditions.

Is there any ground for a division of symptoms into curative and morbid? His definition of curative symptoms is simply that of inflammation. Now, how far can inflammation be called a curative process? Suppose a thorn thrust into the eye, violent inflammation ensues; this *curative* process ends in the destruction of the organ, and the “vis medicatrix” extinguishes vision; *really the cure seems worse than the disease*. Suppose, again, fluid effused into the peritonæum, the vis medicatrix is of course called into action, violent inflammation ensues, organizable lymph is deposited, no doubt with the best intentions. This lymph knots the convolutions of the intestines together, and incarceration of the bowels and the death of the patient ends this system of cure; and yet the process is strictly analogous to that required for the reunion of a fractured bone, which our author uses as an illustration of a “curative symptom.” The distinction resolves itself simply into this: In some cases the diseased action of the vessels is useful for the restoration to health, and in these cases such action is not to be interfered with; but to call that curative which as often destroys as cures, is a strange abuse of language; and we agree with Rousseau—“La medecine qui tue est mauvaise.”

Besides, this division into curative and morbid is purely arbitrary ; what is curative at one place, and under certain circumstances, being destructive in others ; what is curative in one degree being destructive in another ; so that being based on a false distinction, it is inconsistent with itself. But supposing it to be true, let us see whether it would be applicable to practice, and with this view examine his rule for distinguishing morbid and curative symptoms from one another. This, it would seem, is a very simple matter. " Pain appears always to characterize the morbid symptoms ;" so whenever there is pain, the symptoms are morbid, and all symptoms unattended by pain are curative. Let us apply this to his former illustration. A splinter enters the finger ; inflammation attended with great pain ensues ; this goes on to suppuration, and a very *painful* abscess, which terminates in the expulsion of the offending body. This is the fairest example of a curative process, and, as we see, this breaks through his fundamental definition at the beginning. Again, are torpor, lethargy, and insensibility, curative symptoms of apoplexy ? They are *painless*, and so they should be encouraged. We suspect that the sanity of any practitioner who encouraged them would be much and rightly doubted. But supposing this ground of distinction good, how are we to recognise these symptoms which occasion no pain ? If the two sets of symptoms exist together, the positive painful and morbid must wholly mask the negative, painless, and curative, so that the theory is not founded on observation, is inconsistent with itself, and utterly inapplicable to practice.

Our author's theory of the beneficial action of homœopathic medicines, is that they assist the curative symptoms, and his general observations on the various hypotheses which have been invented to explain the law of Homœopathy are able and well stated, and, we think, substantially correct ; but surely it must be from utter carelessness that he writes thus : " Unexplained by some hypothesis, the rule itself becomes a mere vague hypothesis instead of a rational theory ;" and then afterwards to speak of " the true explanation of the action of this *law*." Now, by what process of transmutation can a law, or expression of a general class of phenomena, become a hy-

pothesis? Or how can a hypothesis, in virtue of its addition to another hypothesis or guess, become a law? Does the law of gravitation depend for its truth on the hypothesis of Newton about the cause of gravitation? Certainly not. Neither does the homœopathic law depend for its validity on the correctness of the hypothesis of Hahnemann or any one else. The most ingenious hypothesis cannot make a false law or rule true, nor the most clumsy a true one false.

That homœopathic practice is founded on a consideration of the curative symptoms is absolute nonsense. These symptoms are not even recognisable, and how these *dumb voices* could teach what to prescribe, is not very obvious. And if Mr Walker knows anything of Homœopathy, he may know this, that the most urgently painful symptoms are those which most certainly indicate the proper remedy.

We have a great deal more a little further on about the "vis medicatrix naturæ." It would be well if this mystifying expression were for ever banished from medicine. It is evident, at times, that Mr Walker does not attribute to it the virtues that the unreflecting are apt to do; it is merely the embodiment of his curative symptoms; and yet he speaks of its "curious and wonderful effects," and quotes Sir A. Cooper about its marvellous power in checking sphacelus, &c., as if this sphacelus were not the very triumph of the curative process of inflammation. If by the term vis medicatrix is meant a certain tendency in the frame to readjust itself after every disturbance, it is a foolish term, and we might as well call the vibrating tendency of a harp-cord the "*vis harmonica lyræ*." If it be imagined that it is an intelligent entity, a sort of dictator, appointed in time of peril to see "ne quid detrimenti respublica capiat," to repel all threatened, and repair all sustained, injury, why does it not adjust an oblique fracture? We suppose, like Honour, "it hath no skill in surgery." Why does it not cause opium to be vomited? It is ignorant of toxicology. Why does it amputate the limbs of fœtuses, and strangle them in the womb? for embryolcia is a favourite pastime with this tender but somewhat capricious nurse. In short, this power is as much a power of evil as of good, and to call that remedial may have answered well

enough when medicine meant the power of doing harm, with the hope of doing good; but now that the art has taken a higher position, this blind medicatrix should be strictly watched and coerced, if not altogether banished from the precincts of medicine.

We find afterwards some excellent observations on the necessity of proving medicines on the healthy. The *spiritualizing of matter* by trituration is styled a gratuitous insult to modern philosophy; but the attack which he makes upon the Germans is, we think, no less "a gratuitous insult to modern philosophy."

We must remark, in conclusion, that we cannot but regard the book with much regret. It seems that a fatal love of paradox and novelty, and impatience of careful investigation, has hurried its author into an abuse of his excellent talents, and a misapplication of his erudition, and has prevented him exercising that beneficial influence over the medical public which his independence and strength of mind well entitle him to do. We trust, that if this work should reach a third edition, before that time he will have bestowed the same pains in searching into the foundation of opinions, and estimating them by a true standard of practical value, that he has now given to exposing verbal inconsistencies and accidental deformities.

Scarlatina and its Treatment on Homœopathic Principles. By
JOS. BELLUOMINI, M.D. Pp. 31. London: H. Baillière.

This is an exposition of the homœopathic treatment of scarlatina, which will prove useful to the homœopathist, and, above all, to the allopathic practitioner, who is desirous of testing the efficacy of our treatment in a disease for which ordinary practice offers no specific. The directions for the administration of the remedies are given, and the rules as to the mode of preparing the medicines will also prove useful to the experimenter. We do not intend to review the treatment as given in this brochure, but simply advert to two remedies which the author has omitted, and which we have found use-

ful in scarlatina when it takes on the typhoid character, viz. ammonium carbonicum, and secale cornutum. We trust that this pamphlet will be carefully studied by those who are desirous of testing the curative and prophylactic virtues of belladonna in scarlet fever.

Vollständige Bibliothek, oder encyclopædische Real-lexicon der gesammten theoretischen und practischen Homœopathie zum Gebrauch für Aerzte Wundärzte, Studirende, Apotheker, und alle gebildete Nicht-Aerzte, nach ihrem gegenwärtigen Standpuncte bearbeitet von einem Vereine Homœopathiker.
5 vols. royal 8vo.

We notice this publication for the purpose of warning our readers against it, as it is the work of the notorious cheat and impostor, Fickel, and not, as is falsely stated in the title, by "A Society of Homœopathists." Of course, when the character of Fickel was detected and exposed, and the authorship traced to him, the work lost all its value.

Die Homœopathie in ihrer Bedeutung für die Entwicklung den Medicin als Kunst und Wissenschaft. Von Dr Fr. MOSTHAFT, in München, 1ster und 2ter Theil. Heidelberg, 1842. 8vo.
Homœopathy in its influence upon the Development of Medicine as an Art and Science. By Dr Fr. MOSTHAFT of Munich. 1st and 2d Part. Heidelberg, 1842, 8vo.

It seems somewhat singular that the work of a practical physician of Munich should be published at Heidelberg. This is probably owing to the strict censorship, which suppresses all books obnoxious to the dominant party. It is now, however, too late to arrest the progress of inquiry by such clumsy and tyrannical prohibitions. The book being published in German, it matters little where, has excited a good deal of interest among the allopathic journals, and is spoken of in Oppenheim's Hamburg periodical (*Zeitschrift für die Gesammte Medicin*, &c.. 1843, Mai), which is generally most intollerant of Homœopathy, with high respect. The author treats,

first, of what is essential to Homœopathy, then what is unessential. In the second part, the relation of Homœopathy to Allopathy is expounded and illustrated by interesting cases. "May this book," says its reviewer, "find many impartial readers, and may it lead to this great end, that every well-grounded medical system may receive justice more extensively!"

MISCELLANEOUS NOTICES.

ON THE TREATMENT OF ABSCESS OF THE ANTRUM HIGHMORIANUM AND FRONTAL SINUS.

Dr Gullon of Weimar, from experience of several cases, strongly recommends arsenic and lycopodium in this complaint. Arsenic generally removes the dreadful throbbing divulsive pain, which assumes the quotidian type for the most part; and lycopodium is useful in arresting the thick yellow discharge which frequently continues after the pain has ceased. Dr Gullon recommends the higher dilutions of both these remedies, and the use of silica after the discharge has abated.—*Allgemeine Hom. Zeitung*, 24th Bd., No. 2.

SECALE CORNUTUM IN PROLAPSUS UTERI.

Dr Kallenbach of Berlin relates three cases in which this remedy seemed of great service. In the first case the patient, one of 30 years old, suffered from retroversion of the uterus, when Dr Kallenbach saw her for the first time. The uterus was replaced, and some doses of belladonna, 2d dil., were given. The uterus was then felt about an inch from the labia inferiora, the membrane round it felt hard, and the rest of the mucous membrane of the vagina was very much relaxed, and gathered into a fold at the lower part. There was much leucorrhœa present. She got first *sepia* and *belladonna* alternately for three months. These medicines lessened the leucorrhœa, and diminished the relaxation of the vaginal membrane, but the uterus had descended considerably, so as to threaten to become completely prolapsed. In these circumstances, *secale cornutum*, 2d dilution, at the rate of five drops as a weekly dose, was administered. At the end of six weeks, although the patient had been exposed to hard labour, the disease had made no progress; and after other six weeks of perseverance in the treatment, the uterus had ascended half an inch. By continuing in the use of *secale* for fifteen months, a perfect cure was accomplished; the uterus was now barely tangible by the point of the finger; the induration of the upper part, the relaxation of the lower part of the vagina, and the numerous concomitant annoyances, were all removed.

In the second case, the patient had suffered from partial prolapse of the uterus for eight months. It had occurred after a forceps delivery. There was dysuria present, and sense of weight over the pubis, as if the contents of the abdomen would fall forward. On the 10th of April she got *secale*, 3d dilution, two doses a-week; and by the 29th of May there was very manifest improvement. The medicine was continued, at the rate of five drops a fortnight, up to the 15th of November, when, on examination, the uterus was found to have resumed its proper position, and she was free from all her former annoyances.

In the third case, the prolapsus was of three months' standing, and there were, besides, frequent severe cutting pains in the abdomen, and occasional nausea. She took *secale* slowly from September to May, when, on examination, the uterus was found to be at least one inch higher, and more firm to the feel.—*Ibid.*

BELLADONNA, EMPLOYMENT OF, AS A PRESERVATIVE AGAINST SCARLATINA.

Scarlatina raged during the winter of 1840 to 1841, in several villages in the neighbourhood of Valenciennes. In two of these villages, Saulin and Cargies, possessing a population of from 800 to 900 persons, out of 96 individuals attacked with scarlet fever, 80 died. M. Stiévenant resolved then to try the prophylactic properties of belladonna. Of 250 persons belonging to one of the villages who took the belladonna, all were preserved; whilst out of 50 who did not take it, 14 were attacked with the fever, and four died. At Cargies, M. Stiévenant administered belladonna to the children of the district school, permitting them to attend school, and mix with the other inhabitants of the village. All the children thus treated escaped the contagion, whereas some who did not take the preservative were attacked with scarlet fever. The preparation employed by M. Stiévenant was three grains of recently prepared extract to four ounces of eau de canelle (distilled water is much to be preferred), to which was added forty drops of rectified spirits.

The dose of this was as many drops as the child had years, the number of drops, however, not to exceed twelve. It was given from three weeks to a month, and scarcely any perceptible symptoms produced. It was exceedingly rarely that he observed headache, dilatation of the pupil, or eruption of the skin.

During the discussion which arose in the Academy upon this memoir, M. Guerant certified, from his own experience, as to the prophylactic properties of belladonna, having found it on many occasions efficacious; and in those who had taken it, but were, nevertheless, attacked with scarlatina, it was of a very mild character.

The memoir was favourably received by the Academy.—*Bulletin de l'Acad. Roy. de Med.*, tom. viii. p. 567. Fév. 1843.

THUJA IN CONDYLOMATA. BY DR MOHNIKE OF BERLIN.

The patient had suffered from condylomata for two years; had tried all sorts of means, but in vain. The inner surface of the prepuce, as well as the point of the penis below the corona glandis, were covered with small pointed condylomata. There was a slight discharge of viscid fluid peculiar to the disease. No pain or itching. The whole of the perinæum was occupied by one broad condyloma, which was at least half an inch in height. It was constantly moistened by a slimy purulent discharge. The patient could scarcely bear the pain, especially when walking; and the acrid discharge had irritated the thigh, on the inside of which another small condyloma had formed. The margin of the anus was occupied by three large condylomata. There were no signs of secondary syphilis about him. He had used *Decoct. zittmanni*, and pills of sublimate of mercury, and had applied various escorotics to the parts, but without relief. Dr Mohnike ordered him various mercurial preparations and caustic substances, but without the slightest effect, although he kept his bed all the time of their application. He then ordered tincture of *thuja occidentalis*, and was astonished at the rapid improvement caused by this NEW remedy, for in three days the aspect of the parts had altogether changed. In the course of nine days the last trace of the broad condyloma had disappeared, and that without any ulceration but by internal absorption.—*Hufeland's Journal der p. r. Heilkunde fortges: Von Busse*, 1843, March.

[This NEW medicine was used with astonishment by the allopathic doctor in 1839. In a work published in 1810 it stands written—"Hence it follows, that *thuja* must specifically cure condylomata, and experience teaches us that it is the only remedy in this disgusting disease." This work is Hahnemann's *Materia Medica*, vol. v. p. 123 of the 2d edition. Now, we would ask, whether it is ignorance or dishonesty that prevents the acknowledgment of Hahnemann? Surely in neither case is it creditable to a *Doctor of the healing art*. EDS.]

IODINE IN CUTANEOUS ERUPTIONS.

Dr Fischer of Fulner, in Moravia, relates the following case of cutaneous eruption cured by iodine:—

A man of 34 years old, of a scrofulous constitution, had for a year suffered from an eruption of the skin. The disease began in the form of small vesicles upon the foot. These broke and left a scab behind; this scab gradually and rapidly spread until it covered the whole circumference of the leg, from the foot to the middle of the thigh, with dark brown hard scaly overlapping crusts, from under which there constantly oozed a greenish yellow thick fluid, of a peculiar smell. An eruption of a similar kind, but of less extent, affected the other foot. He had tried, for a long time, the ordinary medicines for this complaint, without any benefit. He was ordered a pill made of iodine and the ioduret of potash,

to be taken internally, and the use of the solution of ioduret of potash externally. His diet was also changed. In the course of nine weeks, the disease had entirely disappeared, and he has continued perfectly well ever since.—*Oester. Med. Wochenschrift*, 1843, Feb. 25, No. 9.

ON CALENDULA IN AFFECTIONS OF THE UTERUS.

Dr Ockel, after twelve years' experience, concludes calendula to be very useful in hypertrophy of the uterus, which presents the following symptoms:—Sense of weight and fulness of the pelvis; stretching and dragging in the groin; pain in sudden movement. The os uteri is found lower than natural, considerably enlarged, sometimes occupying the whole pelvis, the walls thickened and hard. Frequently menorrhagia is present. There is also costiveness, and sometimes urinary complaints from the retroversion of the uterus, which occasionally takes place.—*Oester. Med. Wochenschrift*, 1843, No. 14. Extracted from a Petersburg Journal.

POISONING BY LEAD DROPS LODGED IN THE BODY.—By Dr PLUSKAL OF LOMNITZ.

A robust and healthy youth was shot when hunting. The charge, consisting of about eighty drops, ten of which were large (swan shot), lodged in the inside of the thigh, carrying some fragments of the clothes, and also of a horn drinking-cup, along with them. These foreign bodies, and so much of the shot as could be reached, were removed without loss of time, and the rest left to suppurate out. The suppuration went on as well as possible, but during the process there suddenly occurred, without any known cause, pressive pain under the sternum, dry cough, exhausting fever, with excessive weakness, which could not be accounted for by the very moderate suppuration of the wound. A similar accident befel a country clergyman, much given to the pleasures of the chase. He received a charge of shot in his leg, the drops were scattered and sunk deep into the legs, so that they could not be removed. The wound gave him no trouble, but soon afterwards he became affected with severe enteralgia, to which the patient has ever since been subject, and which has latterly been accompanied by an exhausting fever.

These severe symptoms cannot excite surprise, when it is remembered that to every 1000 pounds of lead used in the manufacture of shot, 10 pounds of arsenic are added to give it better consistence and firmness.—*Oester. Med. Wochenschrift*, 1843, Mai 6, No. 19, p. 505.

LONG LATENCY OF VACCINIA.—By Dr WENINGER, Physician to the Elizabethan Hospital, Vienna.

A child of a year old was vaccinated in July 1839. No pustule formed at places where the vaccine matter was applied, but some inflammation round the wounds. In the month of July 1841, the two spots where the matter had been inserted again inflamed, and vaccine pustules formed,

which ran their ordinary course, and left two cicatrices, which are still visible.—*Oester. Med. Wochenschrift*, 1843, *Mai* 13. No. 20, p. 536.

PUSTULAR ERUPTION FROM THE INTERNAL USE OF TARTRATE OF ANTIMONY.

Dr Böckh of Greifenhagen ordered a fisherman to take ten grains of tartar-emetic in solution, in the course of thirty-six hours, for the cure of pneumonia. Scarcely twenty-four hours after the last dose, there appeared an eruption exactly resembling that caused by the external application of the salt. The eruption consisted of small papulæ or vesicles, which rapidly enlarged and became full of pus, and of a deep red colour at the base, so as to resemble mature variolous pustules, and they were very painful. In the course of a few days they became dry and crusted at the top. The eruption appeared first in the inner surface of the forearm, then over the whole back, where the pustules were partly solitary, partly grouped. Neither vomiting nor sweat attended the formation of the pustules, but they were preceded by some watery stools. The cure of the pneumonia advanced most satisfactorily.—*Med. Zeitung von dem Vereine für Heilkunde in Preussen*, 1843, No. 6.

SPURIOUS HYDROPHOBIA FROM REPRESSED ITCH.

Dr Hirz of Kempen observed the case of a man who, after the itch had rapidly disappeared under the use of red precipitate ointment, was attacked with all the symptoms of perfect hydrophobia, although he had never been bitten by any animal. Means were used to bring out the eruption again, such as rubbing the back with a hard brush, and using artificial sulphur baths, along with the administration of strychnine, sulphur, and calomel, and by the use of these means he recovered in three days.—*Oester. Wochenschrift*, 1843, *Jan.* 1.

POISONING BY DIGITALIS.

Dr Cabaret relates the following case:—A peasant, aged 55 years, took, by the advice of a neighbour, half a glassful of the juice of digitalis purpurea for the cure of an intermittent fever. Severe pain in the epigastrium soon set in, followed by constant evacuations, both by vomiting and stool, of a dark yellow colour and offensive smell, confusion of ideas, giddiness, contracted pupil, cold sweat, universal and partial trembling, and likewise stiffening of the body, bending forward of the body, attended with violent tearing pain in the abdomen, sighing respiration, difficulty of swallowing, small irregular pulse, and sparing, very painful expulsion of red urine. These symptoms continued six days; in the seventh, the pain subsided, but the patient was stupified, the face livid, the body covered with cold sweat, the respiration more rapid. He died upon the eighth day. On dissection, the stomach was found empty and inflamed at the larger curvature, but more so at the pylorus. The duo-

denum was in the same state, and a gangrenous spot at its larger curvature. The whole of the intestines were inflamed and partially gangrenous. The liver and spleen were swollen, and the bladder full of urine. [It is to be regretted that neither the heart nor the lungs were examined in this case.]—*Journal de la Section de Médecine de la Société Académique du Département de la Loire Inférieure*, 18e vol. 7é. Année de la Nouvelle série à Nantes, 1842, 8. Also, *Oppenheim's Zeitschrift*, 1843, May, p. 52.

IMPOTENCE CAUSED BY THE SMOKE OF HYOSCIAMUS.

A married man of 40 years old, who during his student-life had been somewhat dissipated, and contracted strictures by the mismanagement of gonorrhœa, was at the time of the occurrence about to be told, in perfect health and manly vigour. In March 1842 he was suddenly attacked with violent toothache, worse at night. In order to cure it, by the advice of a neighbouring quack, he fumigated his mouth with the smoke from burning seeds of hyosciamus. The pain instantly vanished, but from that moment he became perfectly impotent. He tried all sorts of applications in vain, and in September went into Prague to consult Dr Wehle. He was ordered to be very abstemious in every thing, and to fumigate the perinœum with amber, styrax, and benzoen. He also got a great variety of bitter and aromatic substances in the form of a cordial, and whether because of, or in spite of, these applications, he recovered in eight weeks.—*Oester. Med. Wochenschrift*, 1843, Mai 13. Pro. 20, p. 539.

POISONING BY NUX VOMICA.

The patient was a woman of 50 years old, of a weak constitution ; she took a teaspoonful of solution of nux vomica, in the proportion one drachm to two ounces of water, and was immediately seized with vomiting and rigors. The narrator of the case, Dr Lunhard, found the countenance distorted, the cheeks glowing, the gaze fixed, and the eyes frequently rolled upwards, the pupils contracted, the breathing rapid, groaning, and frequently interrupted ; great anxiety, repugnance to all liquids, which she was almost wholly unable to swallow ; trembling of all the body, frequent impulse to start up and stagger through the room, as if she had got an electric shock. She frequently screamed unconsciously, and while doing so the hand was drawn back, the mouth opened, the tongue protruded ; the shock was interrupted by frequent hiccough ; the pulse was small, hard, and quick. Liquor ammoniæ was given as an antidote, and put an end to the symptoms.—*Medic. Zeitung. von dem Vereine für Heilkunde in Preussen*, 1842, No 50.

CONIUM IN SCROFULOUS PHOTOPHOBIA.

This is strongly recommended by Dr T. Biondi of Bukerest—both applied externally in the form of a plaster over the brow, and administered internally as a watery alcoholic extract.—*Oester. Med. Wochenschrift*, 1843, April 29, No. 18, p. 484.

MEDICAL INTELLIGENCE.

REMARKS ON DR JAEGER'S LETTER. BY DR WATZKE.

In the Number of the *Hygæa* for July, there is a very acute and able critique by Dr Watzke, on the letter of Dr Jaeger, which appeared in our last Number. While we thought it our duty to publish the letter in full, we refrained from commenting on it, rather because we thought its fallacies were too obvious, than that we felt in the least shaken by its ingenious special pleading. A similar reason prevents us giving Dr Watzke's letter, or an abridgment of it. The points, however, on which he lays most stress, and rightly, are the fact that Jaeger always spoke of the case as hopeless cancer of the eye ; and the extraordinary statement of Jaeger, that such cases often cured themselves by suppuration. Dr Watzke observes that healthy suppuration is a termination quite impossible for scirrhus—at least a termination wholly at variance with all we know of the nature, development, and termination of that morbid growth. And it does seem to us, as we before stated, the most gross and glaring inconsistency to scout as worthless all non-medical opinions respecting the case, and then to *rest the issue upon the evidence of non-medical observers, although that issue is opposed to all our experience*. We may join with Dr Watzke in urging upon Dr Jaeger the propriety of not delaying to publish *his other successful cases of cancer of the eye*, for the thing is yet a *consideratum* in medical literature.

From our Paris Correspondent.

It will afford you pleasure to learn that the progress of Homœopathy in Paris, though not signalized by any striking public triumphs, is steady and satisfactory. The number of homœopathic practitioners has increased year by year, and is now stated at 50.* The allopaths who were at first inclined to treat the new system with contempt, are beginning to view its inroad with apprehension ; and they feel the danger resulting therefrom to be greatly increased by the spirit of disaffection and mistrust of their position which prevails in their own camp. No professor now gives a course without aiming a blow at Homœopathy in some part of it. I even heard one of them inveigh against the resort to belladonna as a prophylactic to scarlatina, with a bitterness and impetuosity that could not have been exceeded had the object of animadversion been a baneful and destructive practice, instead of one effectual to preserve from disease ; thus display-

* It is reported that Wahle, whose labours in the *Materia Medica* are well known, and who has for many years past resided at Rome, is about to settle in Paris, which he was hitherto prevented from doing out of a wish not to interfere with the practice of Hahnemann.

ing at once the paucity of arguments he had to advance, the place of which must be supplied by declamation, and the deep hatred with which he viewed every thing that had any connection with Homœopathy. I expect much good to result indirectly from the comparatively unprejudiced trials beginning to be made by surgeons on the influence of simultaneous homœopathic treatment on the result of surgical operations. As an example, I may cite Bérard of La Pitié, one of the most rising men in Paris, who acknowledges, with a candour that does him credit, that operations on patients undergoing homœopathic internal treatment have succeeded in his hands, which his previous experience had taught him to consider as uniformly disastrous. A very salutary influence is exercised by the Homœopathic Dispensaries, of which there are at present four (Rue de la Harpe 93, Rue des Marmouzets 1, Rue Buffault 14; the locality of the fourth is unknown to me). But the grand desideratum is an Hospital, and I am happy to say there is every likelihood of its being shortly supplied. There is a very general feeling that the best monument that can be erected to Hahnemann, is a living one—an Institution, in short, in which, by the public application of his doctrine, its claims to consideration shall be forcibly brought before the minds of candid and practical men. The subscriptions are expected to reach more than half a million of francs.

WORKS RECEIVED.

Scarlatina, and its Treatment on Homœopathic Principles. By JOSEPH BELLUOMINI, M.D.

Hygæa, vol. xviii., heft 2 and 3.

Allgemeine Homœopathische Zeitung, vol. xxiv., Nos, 14, 16, 17, 18. N.B. No. 15 has not been received.

NOTICE TO CORRESPONDENTS.

We have received "Practical Observations" and a Proving of Cainca, from Dr Buchner of Munich. They will appear in our next.

DEATH OF HAHNEMANN.

It is our painful duty to announce the death of our venerable MASTER—an event quite unexpected by those who, on his last birth-day, three months before, were witnesses of the mental and bodily vigour of which he then gave proof.

SAMUEL HAHNEMANN died in his eighty-ninth year, at his house in the Rue de Milan, Paris, at 5 o'clock on the morning of Sunday 2d July, after an illness of six weeks.

His remains are for the present laid in Mad. Hahnemann's family vault at Montmartre, but will probably, ere long, be transferred to Germany.

His illness commenced with a bilious diarrhœa, succeeded by an intermittent fever, which greatly reduced his strength. It first assumed a tertian, then a quotidian type ; he rallied surprisingly, however, and was deemed convalescent when bronchitis senilis supervened, under which he sunk in three days. He retained his faculties entire to the last, and shortly before he expired, dictated a short and simple epitaph. He bade adieu to his wife and friends, commended himself to God, and died.

Shortly before his death, while suffering from difficulty of breathing, his wife said to him, "Providence owes you a mitigation of your sufferings, since, in your life, you have alleviated the sufferings of so many, and yourself endured so much." "Me," replied the dying sage, "why then me? Each man here below works as God gives him strength, and meets with a greater or less reward at the judgment-seat of man ; but he can claim no reward at the judgment-seat of God. God owes me nothing, but I owe God much—yea all." These are memorable words spoken in death-bed sincerity.

Hahnemann is dead, but his mighty truth cannot die ; so that while we turn sadder and wiser from the deathbed of our great Master, who, when living, taught us how to live, and now has taught us how to die, if we would have him still to guide our way, we must seek his spirit, and may it prove a bond of sacred union ! in the work he has so nobly done ; and while we prosecute this, we shall have the proud gratification that we are completing his labours, and erecting his monument.

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ON THE LOBELIA INFLATA, OR INDIAN TOBACCO.

By Dr ALPHEUS NOACK.

THE *Lobelias* take their name from the distinguished botanist Mathias de Lobel, physician to James First. The genus has a five-cleft calyx, a monopetalous, irregular corolla, with a cleft tube; the anthers cohering; the capsule, two or three celled. The species *inflata* is branching and hairy, with ovate, serrate leaves, and turgid capsules. Linnæus placed it in his order Monogamia of the class Syngenesia; but recent botanists have removed it into the class Pentandria. It belongs to the natural order Campanulaceæ of Linnæus and Jussieu, and forms the sub-division of Lobeliaceæ. The *Lobelia inflata* varies in height from six inches to two or three feet. The small plants are nearly simple; the large ones much branched; root fibrous. Stem erect, in the full-sized plant much branched, angular, very hairy, leaves scattered, sessile, oval, serrate, veiny, and hairy. Flowers in spikes or racemes, pedunculated; each one in the axil of a small leaf. Segments of the calyx linear, acute, standing on the germ, which is oval and striated; corolla bluish purple; the tube prismatic and cleft above; the segments spreading, acute; the two upper ones lanceolate; the three lower ones oval. Anthers collected into an oblong, curved body, purple; filaments white; style filiform; stigma curved, and inclosed by the anthers; capsules two-celled, turgid, oval, compressed, triangular, covered with the calyx; seeds numerous, small, oblong, brown.

The *Lobelia inflata*, when broken, emits a milky juice; when chewed, it communicates to the mouth a burning acrimonious sensation, not unlike the taste of green tobacco. It exhibits the following noticeable ingredients upon chemical examination: 1. An acrid principle. This is evident to the taste in the tincture, decoction, and distilled water. 2. Caoutchouc. Sulphuric ether dissolves more of the plant

* Abridged from Hygæa, bd. xv., heft. 1te. und 2tes. Juli—August 1841.

than alcohol, and acquires a higher colour. The solution in alcohol is scarcely rendered turbid by water; that in ether is disturbed by the addition of alcohol, and grows thick as the ether evaporates. 3. Extractive matter (American Medical Botany, by Jacob Bigelow, M.D. Boston, 1817; vol. i. p. 177). The plant should be gathered in autumn, and taken up by the root. Every part of the plant is operative, but the fibrils of the root and inflated capsule the most so. Much seems to depend upon the period of the year at which it is gathered, and the part of the plant employed. A warm infusion is said to deprive it of much of its antispasmodic and sedative properties. After some time, the clear green tincture passes into a dark brown. This tendency to decomposition depends on the action of the air—not on the action of light; so that well stoppered bottles are of more consequence than opaque ones for its preservation.

The powdered leaves and tincture have both been employed medicinally. The latter may be prepared either with ether or alcohol. Most practitioners prefer the alcoholic. Elliotson and Neumann, after trying both, prefer the powdered leaves to either.

As to the dose, Dr Noack has given, with good effect, one to two gts. of the saturated tincture or the first decimal dilution. How often the dose should be repeated, must depend upon circumstances.

The medicines related in their action to Lobelia, may be arranged, according to their affinity, in three classes:

1. Asar., Cocc., Colch., Hyosc., *Ipecac.*, Ranunc. scelerat., *Tabac.*

2. *Alum.*, Ars., Chelid., Sarsap., Veratr., Zinc.

3. Arum? Con., Crot., Euphorb., Iod., Mezer., Stram.

Ipecacuanha seems to be an antidote.

Pathogenetic Action.

Charles Whitelaw, in a letter to the editor of the *Lancet*, in 1833, remarks that cattle which eat it after having been confined to winter fodder, become hide-bound, and affected with dandruff, a skin disease. He also notices the powerful emetic, narcotic, and expectorant properties of the plant.

According to Cartwright (American Journal of Science, October 1836; Jour. des Connaiss. Med. Chirurg. Sept. 1837) the Lobelia, when given to those in health, excites vomiting, purging, gripes, and stupefaction.

Randal (Buchner's Repertorium) found Lobelia in large doses to produce severe nausea, vomiting, and copious salivation; and rapid and certain expectoration in small. He had not, however, observed the plant to irritate the membranes of the bladder, as some practitioners affirm.

Cutler (Mem. of Amer. Acad. i. 484) reports that if the leaves be held some little time in the mouth, they produce vertigo and headache, trembling of the whole body, and at length nausea and vomiting. When he took it on account of asthma, he found it excite, besides nausea and vomiting, a pricking sensation over the whole body.

The following case is related in the 6th volume of the Massachusetts Reports:—A certain Ezra Lovett caught cold, and sent for Dr Samuel Thomson of Beverly, who forthwith obliged him to take three powders of Lobelia successively, at half an hour's interval between each. Every powder produced dreadful vomiting; in the night long-continued and copious sweat occurred. Two similar powders, given another day, again produced vomiting and extreme uneasiness; and the same given the following day sunk the patient into a state of great depression. A few days afterwards the doctor returned, and finding his patient worse, gave him some more powders of Lobelia, which at first produced great uneasiness, but latterly became wholly inoperative. Thomson looked upon the dose as too small, and raised it; and when the patient complained of great distress of the chest, Thomson supposed that the medicine would be directed to the bowels and excite purging. However, in the evening the patient lost his senses and was attacked with convulsions, so that two men were required to hold him. Not a whit the less, however, did Thomson continue to repeat the Lobelia, and give his unfortunate victim other two powders. The patient grew gradually worse, and at length expired. Thomson was arrested on the charge of murder, but liberated, as the sad issue of the case could not be ascribed to malice on his part.

Such is nearly all the information that has been obtained by collecting the casual observations of the effects of this substance when received into the economy, while in a state of comparative health. It will be observed to be very vague and unsatisfactory; and it would indeed be nearly useless as affording therapeutic indications, were it not for the light afforded by the subsequent detail of the minute effects of the substance, when taken on purpose to learn its specific action—a good illustration of the necessity of what is called proving a medicine.

Dr Noack began his proving on the 4th March 1839; he was then in perfect health.

“At 7 o'clock in the morning passed 6 ounces of urine with an acid reaction; a quarter of an hour afterwards I took, fasting, 10 drops of the tincture upon sugar, while at the time my pulse beating 70 times in the minute. As soon as the tongue touched the palate in the acts of swallowing, a tickling in the throat was produced, which in the course of about 6 minutes was quite gone. About 11 in the forenoon my pulse was 50 in the minute; $13\frac{1}{2}$ ounces of urine, of the same quality as the former, were then passed; after this 20 drops of the tincture of Lobelia were taken, and immediately upon this a burning in the throat, which soon passed into a scratching sensation, lasting about 12 minutes, was experienced. At half-past twelve, the pulse beat 60 times in the minute. At half-past three, as I felt nothing unusual, I took 50 drops of the tincture, the pulse then beating 63 times in a minute. After the scratching in the throat had become much worse than the previous times, there arose a sensation of pressure on the epigastrium as from a weight; the scratching inclined to emesis, but did not go so far. Six and a-half ounces of urine were passed ten minutes after, of the same qualities as the former, only a shade lighter in colour. There was now felt a pressure, as if from a foreign body or a morsel of food, in the whole course of the œsophagus, more marked in particular spots, especially close below the larynx, from whence it descended with a vermicular motion, and suddenly occupied the epigastrium; the epigastrium and spot below the larynx were always the extreme, and at the same time

most sensible points. At the same time a few slight eructations of air occurred; there was no sensible distension of stomach or abdomen, but an inconsiderable working in the abdomen afterwards. Deglutition and swallowing (*Verschlucken und Schlingen*) had no effect upon the pressive pain.

This pain gradually diminished, and appeared as if it were to end at that portion of the spine which is opposite the epigastrium, and felt like a plug reaching thence to the spine. Occasionally the pressive pain seemed entirely gone, but it soon returned, always keeping its vermicular character; the œsophagus, however, remained unaffected, and the epigastrium and spot close to the spine were relieved by the pain shooting right and left through the precordia.

A deep inspiration, by overcoming the pressive pain, occasioned a certain feeling of comfort. By five o'clock nothing remained of this pain but a certain, by no means unpleasant, sensation in the back, hypochondria and epigastrium, on turning and bending on the loins, so as to suggest the notion as if the tendinous crura of the diaphragm were too tightly stretched. The whole of the painful sensation gradually diminished, and shortly afterwards entirely terminated. At three quarters after three o'clock, the pulse was 62, and at seven in the evening at 68. No passage in the bowels that day. In all 22½ oz. of urine were passed, of which amount 16 oz. were passed after taking the medicine. This is rather a small quantity, on the assumption that an adult passes on an average 30 to 30 oz. in a day. At bed-time the usual inclination to urinate did not occur. On the following morning, at a temperature of + 11° R, the urine had been decomposed, a rose-coloured sediment being deposited upon the sides of the vessel.

The remarkable slowness of the pulse shewed a peculiar depression of arterial action.

On the 5th of March nothing worthy of notice was observed.

On the 6th, at 9 o'clock in the morning, 80 full drops of *Lobelia* were swallowed without sugar. At first there was burning, then scratching in the throat; and in consequence of the disagreeable taste of the tincture, a flow of saliva and nausea, with slight eructations of the taste of the tincture.

This was after five minutes. After ten minutes the tickling passed into a pressive sensation. Pulse 63. At half-past 9, a slight confusion of the back of the head was felt, and this confusion in the same moderate degree half-an-hour afterwards included the forehead, and was soon after felt no more. At a quarter to 10, normal stool and 4 ounces of urine. To the lingering traces of nausea and pressure in the œsophagus were added slight tormina and working in the bowels, with escape of very offensive flatus. The pulse, which at half-past 9 o'clock was 53, rose at a quarter to 11 to 55 beats; about 1 it was 73; at a quarter past 2 it was 61. Dinner was eaten with the usual appetite. At 2 o'clock 6 ounces of neutral urine were passed, and there was a continuous discharge of flatus. At a quarter after 3, 100 full drops of the tincture were taken, which excited the usual burning and scratching in the throat, and the increased secretion of tenacious saliva, besides nausea and eructation; the pulse was 58. Five minutes after taking it the pressure in the œsophagus and epigastrium were felt, but much less severe than the day before. A certain anxiety, requiring a full inspiration, was felt, and a slight tendency to tormina and working in the bowels, discharge of foetid flatus, sometimes violent, and nausea continuing till bed-time; this was all the sensation the last dose was observed to excite.

It is unnecessary to notice the other provings so much in detail. We may merely give a few circumstances of importance respecting the individual experimenters.

Kermes, a man ætat. 26, lymphatic temperament, in perfect health, took 2 doses, 39 and 25 gtts., in one day.

Birkner, a man ætat. 23, formerly suffered from serofulous affections, but has of late been healthy, experimented with the medicine at three different times; the first for 6 days in doses of from 4 to 16 gtts; second, 6 days, from 10 to 20 gtts.; third, 2 days, 40 gtts.

Isidor Mörz, ætat. 29, bilious-nervous temperament, proved for about a month, in doses of from 20 to 150 gtts. He found a nearly constant repetition of the same symptoms in all doses; but the smaller doses seemed to affect chiefly the pharynx, and the larger ones the stomach. He also thinks himself justified in asserting that the action of the medicine was more

powerful and continued when mixed with a considerable quantity of water.

Laura Eckh * * *, ætat. 21, bilious-lymphatic temperament, in perfect health, took for 8 days from 6 to 50 gtts.

Norton, ætat. 30, lymphatic temperament, took for 5 days from 3 ss. to 5 ss.

Otho Piper took for 9 days from 4 to 20 gtts.

Therapeutic action of Lobelia inflata.

In the short survey we propose to give of the therapeutic action of this plant, the striking similarity between the morbid states it excites and alleviates cannot elude observation. It affords another addition to the constantly accumulating mass of evidence attesting the truth of the Homœopathic-therapeutic principle, and that in this principle is to be found a sure guide in selecting a medicine for every disease which has a resemblance in the pathogenetic effect of any agent.

Charles Whitlaw * asserts himself to have been the first and regular practitioner who used and recommended this plant. In 1833, he speaks of having been in the habit of employing it in various diseases for upwards of twenty years. The American Indians are familiar with it as a medicine; and it is said to form the chief ingredient in their "black draught." They also smoke it like tobacco, and the effects are said to be somewhat similar. It has been used in place of tobacco to assist the reduction of a hernia, and recommended as an emetic—for which it is ill suited, from the severity of its operation, and the intolerable nausea it excites.

From all that is known of the plant, it would appear to have a specific influence on the pneumogastric nerves and the bronchial mucous membrane. Excessive sensibility, and increased activity of reproduction, seem to be general therapeutic indications for its application in cases otherwise homœopathically adapted for its use.

Lobelia has won its greatest renown in the cure of pure

* Whitlaw's claims to priority in this matter have been very much questioned; and Bigelow, who, in his *American Botany*, gives a pretty full history of the medicinal application of the plant, does not even mention the name of Whitlaw.—EDS.

spasmodic asthma; the *Asthma nervosum seu spasticum* of Cullen; the *Asthma convulsivum* of Hofmann. Here it is reported to act as a perfect charm, so that in ten to twenty minutes the patient is perfectly relieved of all his sufferings. According to Jeanes (*Homœopathic Practice of Medicine*, Philadelphia, 1838), the chief indications for the use of *Lobelia* are—*Constant dyspnœa, aggravated by the slightest exertion, and increased by even the shortest exposure to cold to an asthmatic paroxysm; sensation of weakness, and pressure on the epigastrium, rising from thence to the heart, with or without heart-burn; feeling as of a lump or quantity of mucus, and also a sense of pressure in the larynx; pain in forehead from one temple to the other; pain in the lower part of the back; pain in the left side; high coloured urine; weakness and oppression in the epigastrium, with simultaneous oppression of the heart.* Its beneficial influence in pure asthma is attested from experience by Elliotson (*Lancet*, June 1832; March 1833); Whitlaw (*Lancet*, 1833); Burton (*Coll. Mat. Med.*, 36, 56); Stewart (*Rinna von Sarenbach Repert.* 25, 113); Randall (*American Med. Botany*); Bradstreet (*American Med. Botany*); Reece (*A Practical Treatise on the Anti-Asthmatic effects of the Bladder-podded Lobelia*: London, Ridgway, 1829); Andrew (*Glasgow Med. Journal*, May 1828); John Forbes (*Eberle, Treatise on the Materia Medica*, Philadelphia, 1822); Cutler (*Mcm. Americ. Academy*, i. 484); Bidault de Villiers (*Nouvelle Biblioth. Med.* i. 226); Behrend (*Berlin Med. Centralzeitung*, 1835, No. 24, S. 681); Neumann (*C. G. Newmann Bemerk. üb. d. gebräuchl. Arzneimittel*, Berlin, 1840), and others. According to Neumann, the medicine has a specific influence on that portion of the nervous system which presides over the respiratory muscles, and specifically stills the spasmodic contraction of these muscles with almost inconceivable rapidity. He speaks, however, only of its application in asthma without organic disease. On the other hand, Elliotson praises *Lobelia* as a most powerful palliative, even in cases in which organic affections of the lungs, heart, and liver, are at the root of the disease. Cutler was himself asthmatic, and he writes—

“ In several former attacks, *Pothos foetida* had given me

more rapid relief than any other medicine. Last summer, I had the most violent fit that perhaps ever attacked me. It commenced the beginning of August, and continued eight weeks. Dr Denoy, of Marblehead, like myself asthmatic, had, last spring, during a dreadful paroxysm, taken some of the tincture of Lobelia, had derived instant benefit from it, and had no return of his complaint since that time. I got some saturated tincture of the fresh plant prepared; and, during the most violent paroxysm that ever attacked me, after it had lasted some considerable time, I took a table-spoonful of the preparation. After three or four minutes I was entirely free of asthma; ten minutes afterwards I took another table-spoonful, which excited nausea; after other ten minutes I took a third, which produced a sensible effect upon the stomach—excited very slight vomiting, and a pricking sensation over all the body, even to the points of the fingers and toes. However, all these sensations soon subsided, and a vigour seemed restored to the constitution, such as I had not for years experienced. Since then, I have had no paroxysm of asthma, and a very slight asthmatic inclination. Besides the violent attacks, I had scarcely passed a night without more or less of it—sometimes so severe as not to permit me to remain in bed. Since that time, however, I have enjoyed as perfect health as perhaps before the first attack.”

Cartwright recommends Lobelia against inflammation of the mucous membrane of the bronchia, and catarrhal inflammation of bronchia and trachea. He had also found it useful in influenza; but of little benefit in pleuritis.

Whitlaw administered it with the best results in chronic bronchitis, with loss of voice; nervous cough; hooping-cough; catarrh; and other diseases of the bronchia and larynx. Cutler recommends it in cough which arises from great accumulation of mucus in the bronchia; and Newmann in that tormenting dry cough of consumptive patients, which arises from an intolerable tickling in the throat.

It has also been used, with apparent advantage, in croup, by Eberle and Bidault de Villiers.

We shall now relate one or two cases in which it was suc-

cessfully given, in minute doses, in accordance to homœopathic indications.

Dr Jeanes, of Philadelphia, relates the following case :—*Asthma convulsivum siccum, hystericum*.—A married lady, aged 38 years, the mother of several children, had suffered since her childhood from dyspnœa, which was increased by any active exertion, ascending a stair, exposure to cold, or swallowing very warm food. A pain in the left region of the loins had associated itself with this even from childhood. Latterly this was complicated with a constant burning pain in the stomach, and also in the trachea, with a feeling of dryness there, and as if there was a lump in the larynx, which seemed to confine respiration and deglutition. In swallowing, it seemed to the patient as if something mounted to meet the morsel in the throat, and prevent its descent into the stomach. Besides, she had weakness and oppression in the epigastrium, frequent eructation of an acid fluid, which gave rise to a burning sensation and vomiting after eating, especially if the food had been warm. For a long time the patient had not been one hour free from heartburn. The dark-red urine deposited a copious red sediment. *Lobelia inflata* 4—6 (4 globules of the 6th dilution?) was given at bedtime, and on the following day the feeling of the lump and burning in the throat, along with the dyspnœa, had much abated. In a few days the disease had entirely disappeared, and the urine acquired its natural condition. Eight months have now passed without the least return of difficulty of swallowing or dyspepsia, the old pain in the side had been also entirely removed.

Dr Noack gives the following case :—

Cardialgia biliosa.—A maid-servant, aged 26, of a bilious temperament, had suffered for long from cramp in the stomach, which was felt as a severe pressure in the epigastrium, and was excited by indulging in particular articles of food, and mental agitation. It was worst in the evening, and continued during a great part of the night. In October 1839, after having suffered alarm and annoyance during the menstrual period, and the menses having been thereby arrested, she complained of alternate feverishness and chilliness, uneasiness, nausea, bitter taste in the mouth, with coated tongue,

thirst, vomiting of bile, severe pressure in the epigastrium after eating, also even when fasting, especially aggravated in the evening, oppression and feeling of anxiety in the chest, and pain in the small of the back. The pulse was small, weak, slow. She took, morning and evening, a drop of the concentrated tincture of Lobelia, which on the second day produced remarkable phenomena. Severe frontal headache and copious diarrhœa occurred; the pressure on the stomach decidedly lessened, as well as the uneasiness and nausea; the vomiting did not return, and the chest was free of oppression. A drop of the tincture on the third, and again another drop on the fourth day, removed the bitter taste and pain in the back. On the fifth day the patient was in perfect health, and continued so, after she had taken in all six drops of the tincture of Lobelia.

Lobelia seemed to Dr Noack to be of great use in whooping-cough, even in the third stage (*stad. adynamicum*), so that the paroxysms became less frequent and less severe. In one case of a plethoric boy of six years old, after a short interval, they entirely discontinued.

According to the indications we have given, Lobelia is likely to be highly serviceable in all cases *in which the pneumogastric system of nerves is implicated*. Hence, it should always be kept in mind in affections of the respiratory nerves, such as asthma convulsivum, Asthma psoricum (of Schönlein), Asthma senile et Millari, Tussis convulsiva, Asthma hystericum; also in Cardialgia, especially Cardialgia menstrualis, podagrica, potatorum. It should also be serviceable in inflammatory states of the mucous membrane of the pharynx, larynx, and bronchiæ; in acute and chronic, in malignant and mild, bronchitis. It is not improbable that it may be a valuable palliative in certain stages of phthisis pulmonalis. Whether this plant is useful in croup, intermittent fever, or metastatic dysphagia, yet remains to be proved. Lastly, the experience of some is in favour of its utility in certain forms of dyspepsia.

LOBELIA INFLATA.

Symptoms.

- 1 *Affects the brain. (Wh.)†
 Heaviness in the head, lasting the whole day, with uneasiness in the back. (Eckk.)—[96.] ‡
 Headache. (C. Eb.)
 Slight headache. (K. from 20 drops.)
- 5 Some headache, especially on going up stairs or motion, affecting chiefly the vertex. (B. 8 and 16 gts.)
 Confusion (*Eingenommenheit*) in the head after dinner, increased in the evening to violent pressive pain, with considerable heat of the face. (B. 40 gts. 1st day.)
 Slight *confusion in the occiput*, which half an hour afterwards affected the forehead slightly, and then soon went quite away. (N. 80 gts. after half hour.)
 Slight tension in the occiput in the evening. (B. 20 gts. 4th day.)
Pressive pains in the occiput in the open air, continuing till noon. (B. 20 gts. 4th day.)
- 10 Pressure in the occiput, lessened after taking off the head covering. (B. 40 gts. 2d day.)
 Heat and dull headache towards the back of the head in the evening. (B. 20 gts. 2d day.)
 Peculiar dull tension in the head, and heat of the face in the evening. (B. 10 gts. 1st day.)
 Headache with slight giddiness; occasionally transient shootings in the temples. (K. 30 gts. 10 minutes.)
 Vertigo. (Eb. C.)
- 15 *Insensibility, Loss of Conscientiousness.* (Th. M. R.)
Stupor. (Cht.)
 [Hemiopia.] (H.)

* The symptoms printed in ordinary type are the more general; with *Italics*, the more characteristic. Those between brackets [] were observed in persons not in perfect health.

† The names of those who proved and observed the medicines are, B. Birkner, Blt. Bidault de Villiers, Bw. Bigelow, C. Cutler, Cht. Cartwright, D. Drury, Eb. Eberle, Eckk. Lanna Eckk., Ell. Elliot, H. Helbig, K. Kermes, M. Mörz., Massachusetts's Repertor. (Journ. title), N. Noack, N—n. Norton, P. Piper, R. Randal, Th. Samuel Thomson, Wh. Charles Whitlaw.

‡ Numbers inclosed so [], refer to the numbers of analogous or connected symptoms.

- Heat of the face. (10 and 40 gts. 1st day.)—[6, 12.]
Perspiration of the face with nausea. (M. 30 gts.)
- 20 *Tough mucus in the fauces.* (M. 2 gts.)
 Dryness of fauces ; frequent spitting. (N—n. 3iii.)
Flow of saliva in the mouth. (N. 80 gts.)
Frequent flow of very fluid saliva in the mouth (watering of the mouth).
Copious salivation. (Bw., Wh., R.)
- 25 *Tickling in the throat.* (M., N., Eckk, K., B.)
 Tickling in the throat, which passes into a pressive sensation, or into nausea. (K. 30 gts. immediately after taking it, lasting 3 or 4 minutes. N. 50 and 80 gts., lasting 10 minutes.)
 Unpleasant sensation in upper and back part of pharynx, as from swallowing saliva during smoking. (N—n. 3ss.)
Tickling in the throat, immediately succeeded by inclination to vomit, with straining and raising of the pharynx. (P. after 2 hours and 4 gts.)—[49.]
Burning in the throat, passing into scratching. (N. 20 gts. lasting 12 minutes.)
- 30 *Burning tickling in the throat stretching from the arches of the palate to the larynx, and causing frequent hawking of mucus which gathered there ; worse on swallowing.* (M. 20 gts.)
Burning and tickling, increased secretion of viscid saliva, nausea and eructation. (N. 100 gts.)
Tickling in the throat, eructation, and burning sensation rising up from the stomach. (B. 10 gts.)
Feeling of dryness in the throat, and heat in the stomach. (B. 8 and 16 gts. immediately.)
Burning in the throat, soon passing into feeling of dryness, and lasting the whole forenoon. (B. 28 gts. immediately.)
- 35 *Great dryness and tickling in the throat, not diminished by drinking, after dinner.* (B. 10 gts. 1st day.)
Tickling and soreness in the throat, with a sensation of gradual contraction of the œsophagus from below upwards. (B. 48 gts, immediately.)
 Pressure on the œsophagus and pit of the stomach. (N. 100 gts. 5 minutes.)
Pressure as if from a foreign body, or a morsel of food, in the

whole course of the œsophagus, more marked in particular spots, especially close below the larynx, from whence it goes downwards with a vermicular motion, and suddenly occupies the epigastrium. The epigastrium and spot below the larynx are always the extreme, and at the same time the most sensible points. (N. 50 gts.)—[39, 61, 62.]

Pressure in the œsophagus, with nausea, slight tormina and escape of offensive wind. (N. 5 gts.)

- 40 Burning sharp taste, resembling that of green tobacco.

Loss of appetite. (B. 40 gts. 2d day.)

Loss of appetite. (N—n. 3ss.)

Slight frequent eructation of wind, with flow of water in the mouth. (Eckk. 6 gts. after $\frac{1}{4}$ of an hour.)—B. 40 gts.

1st day.—N. 50 gts.—M. 100 gts.

Frequent violent hiccoughs, following each other quickly from 24 to 30 times, with abundant flow of saliva in the mouth. (B. 4 and 8 gts.—M. 15 gts. immediately.)

- 45 Incessant violent nausea, with shivering and shaking of the upper part of the body.

Great uneasiness and nausea. (C. 28 minutes after 2 table-spoonfuls of concentrated tincture.)

Nausea, early in the morning, going away on swallowing a mouthful of water. (B. 2 gts. 2d day.)

Vomiting, with cold perspiration on the face. (M. 30 gts. soon after taking them.)—[19.]

Great inclination to vomit, but without vomiting. (M. 30 gts.) —[28.]

- 50 Vomiting, with distressing long-continuing uneasiness.—[46.]

Vomiting, from the slightest to the most violent degree.

Nausea and uneasiness in the stomach. (M. 50 gts. lasting nearly an hour.)

Peculiar uneasiness, with a feeling of reversed peristaltic movement in the stomach, but without vomiting. (B. 40 gts. 2d day, early.)

Painful feeling of weakness of the stomach. (M. 100 gts.)

- 55 Warmth in the stomach. (B. 4 and 10 gts. immediately.)

Heartburn and running of water in the mouth. (B. 20 gts. immediately.)

Fulness and pressure in the region of the stomach after dinner, borborygmus. (B. 40 gts. 1st day.)

Pressure in the stomach, although much food had not been eaten.

(B. 10 gts. 1st day.)

Feeling of weight in stomach. (N—n. 3iii.)

60 Pain in the stomach.

Restrictive pressure, as of a plug in the epigastrium, extending right through the body to the spine. It sometimes ceases entirely, but appears suddenly again with gradually increased strength, and extends from the epigastrium right and left to the inner wall of the chest as far as the back. (N. 50 gts.)—[38, 39, 62, 82, 93, 94.]

Violent painful constriction in the region of the cardia. (M. after 20 and 30 gts. immediately, lasting from 5 to 8 minutes.)

Burning pain towards back, as if the part of the stomach nearest spine were inflamed. (N—n. 3ii. lasting a few minutes.)

Pressure in the epigastrium as by a weight. (N. 50 gts.)

65 *Great pressive pain in the epigastrium.* (B. 20 gts. 1st day.)

Distention of the abdomen, with shortness of breath. (K. 20 gts. after $\frac{1}{4}$ of an hour; 30 gts. in water, lasting from 15 to 20 minutes.)

Escape of much wind, with slight borborygmus. (B. 20 gts. 2d day, the whole day throughout.)

Slight working in the belly. (N. 50 gts.)

Wind, with painful rumbling in the belly. (B. 20 gts. 1st day.)

70 *Slight threatenings of abdominal gripes, working in the belly, escape of offensive wind, violent eructation and nausea.* (N. 100 gts. 1st day.)

Pains in the belly. (Eb.—Cht.)

Pains in the belly, always worse after eating. (Eckk.)

Gripping and drawing pain in the abdomen. (Eckk.)

Pulpy stool. (B. and K. 20 gts.)

75 *Purging.* (Cht.)

Desire to urinate, and increased secretion of urine. (N. 50 gts.)

Increased secretion of urine. (Wh., K., N., 100 gts. 1st day.)

Diminished secretion of urine. (N. 50 gts. 1st day.)

Urine with a loose cloudy sediment. (B. 12 and 16 gts.)

80 [*Urine easily decomposed, and depositing a pink sediment, with small brown crystals.*] (N.)

[*Troublesome weight in the genitals.*] (P. 16 and 20 gts.)

- Assists the expectoration (in small doses). (Blt., Wh., R.)
 Slight tickling on taking a deep breath in the region of the lower sternum. (B. 20 gts. 3d day.)
 Excites cough. (K. 20 gts. soon passing off.)
- 85 *Sensation of fulness in the chest,—breathing somewhat short and superficial.* 24 respirations in the minute. (B. 20 gts. 1st day.)
 Oppression, causing a deep breath to be taken. (N. 100 gts. 1st day.)
Deep inspiration causes a feeling of comfort, from relieving the pressive pain in the epigastrium. (N. 50 gts.)—[61.]
 Oppression of breathing, acceleration of breathing, with the feeling as if it were insufficient, and therefore required from time to time deeper inspiration. (B. 40 gts. 1st day, only lasting 2 hours.)
Insufficient breathing. (B. 40 gts. 2d day.)
- 90 *Great difficulty of holding in the breath.* (B. 40 gts. 1st day.)
Difficulty of respiration with presentiment of death. (Th.)
 Abdominal respiration appears to be quite absent, or is less than usual. (B. after 20 and 40 gts. 1st day.)
 [Relapse of the asthmatic paroxysms.] (Ell. after strong doses.)
 Tensive, not unpleasant feeling in the chest at the insertion of the diaphragm, on turning the body. (N. 50 gts.)
- 95 *Slight pains in the chest, increased on deep inspiration.* (B. 20 gts. 2d day.)
 Pains in the chest after a walk after dinner. (Eckk.)
 Violent pains in the chest. (M. R.)
Burning pain in a small spot under the right breast near the epigastrium; on a quick movement of the body, deep breathing, sneezing, and the feeling sensation as if something had fallen out of its place, which went back again with great pain. The same pain in the epigastrium and left side. (Eckk. 40 gts.)—[38, 39, 61, 62, 63, 64, 65.]
- Violent boring pain through the back under the right shoulder, extending from the painful place straight through the body, becoming more violent by motion. The painful place as if palsied. (Eckk.)
- 100 *Borings in the right breast in a small spot.* (Eckk. 40 gts.)
 Weariness in the back, with heaviness of the head, lasting the whole day. (Eckk.)—[2.]

- Pains in the small of the back. (Eckk. half an hour after taking it.)—[67.]
- Violent spasmodic pain in the regio iliaca posterior sinistra, scarcely allowing touch and motion. (P. 16 gts.)
- Violent tearing pain in the fibula, from below up to the knee-joint. (P. 6 gts.)
- 105 Cramp in the calf of the leg, on awaking early after a restless sleep. (Eckk.)
- Weariness in the legs. (Eckk.)
- Strong convulsions and death. (M. R.)
- Convulsions so that two men must hold him, and death. (Th.)
- [Shooting pains through the whole body, even in the ends of the fingers and toes.] (D. after the 3d; table spoonful of tincture.)—[111.]
- 110 Blisters on the skin (according to some American practitioners).
Frequent yawns and stretchings. (M. 30 gts.)
Feeling of weariness. (B. 20 gts. 2d day.)
Unusual weariness. (P.)
Long continued prostration of strength. (Wh.)
- 115 *Exhaustion.* (Eb.)
 [Feeling of strength not known for years, succeeding to violent vomiting and pains, which shot through the whole body, even to the toes and fingers, but which did not last long.]
 (C. 30 minutes after the 3d table-spoonful of tincture.)
 Somnolence. (Eb.—Wh.)
 Trembling through the whole body. (C.—Eb.)
 Trembling in the limbs. (Wh.)
- 120 Shivering through the whole body. (Eckk. 6 gts. immediately after taking it.)
- Heat and inclination to perspiration, particularly in the face.
 (B. 20 gts. 1st day.)
Inclination to perspiration. (B. 20 gts. 2d day.)
Increased perspiration. (Eb.—M. R.)
Violent nocturnal perspiration. (Th.)
- 125 *Cold perspiration.* (Wh.)
 Accelerated pulse. (B. 40 gts. 1st day.)
 More frequent and weaker pulse than usual, in the evening.
 (B. 20 gts. 1st day.)
 Slower pulse. (N. 50 and 80 gts. 1st day.)
 Restless sleep, with many dreams. (Eckk.)

- 130 *Restless sleep, with anxious dreams.* (Eckk.)
Sad dreams. (M. 10 gts.)
Sad dreams without awakening. (M.)
Internal uneasiness. (M. 30 gts. soon after taking them.)
Great dejection and exhaustion. (Th.)
 135 *Anticipation of death—difficulty of respiration.* (Th.)

SYMPTOMS IN GROUPS.

1.

Headache, giddiness, trembling through the whole body, nausea, vomiting.

2.

Pain in the head, with a slight giddiness; sometimes transient stitches in the temples; tickling of the throat; distension of the abdomen with accelerated respiration; thin stool; increased secretion of urine; inclination to cough.

3.

Slight vomiting, and a kind of stinging feeling through the whole body, even in the points of the fingers and toes.

4.

Vomiting, purging, pains in the belly, and stupor.

5.

Great uneasiness, violent vomiting, pain in the breast, continued copious perspiration, depression of spirits, loss of consciousness, violent convulsions, death.

6.

Frequent nausea, vomiting, and copious salivation.

7.

Tickling of the throat, slight eructations, cutting pains in the belly, drawing pains in the abdomen, restless sleep with dreams.

8.

Continued weight in the head, burning in the eyes, tickling of the throat, pains in the body and small of the back, pains in the breast, weariness in the back and legs, shivering through the whole body, restless sleep, cramps in the calves of the legs on awakening.

9.

Pressive pains in the occiput on moving and going up stairs; confusion in the head in the open air, particularly in the crown of the

head ; heat in the face, and dull tension in the head ; scratching of the throat ; feeling of dryness in the throat, not lessened by drinking ; hiccup ; eructation ; heartburn ; heat in the stomach ; pressure in the stomach, after even a small quantity of food ; oppression in the chest, requiring deep inspiration.

10.

Nausea, going away after a mouthful of water ; slight borborygmus, and discharge of much wind ; tickling in the region of the ensiform cartilage ; slight pain in the breast, increased by taking a deep breath ; heat in the evening, and dull pain in the head ; inclination to perspiration, and quickened pulse.

11.

Burning and feeling of dryness in the throat ; heartburn ; severe pressure and pain in the epigastrium ; painful borborygmus and increased escape of wind ; pulpy stool ; oppression in the breast, with short superficial breathing ; abdominal respiration lessened ; heat and inclination to perspiration, particularly in the face.

12.

Confusion in the occiput and forehead ; burning and scratching in the throat ; flow of saliva in the mouth ; nausea with eructation, sometimes of a violent kind ; pressure in the throat, œsophagus and epigastrium ; slight pain in the belly ; working in the belly ; escape of very offensive wind.

13.

Tickling of the throat ; frequent flow of very watery saliva in the mouth ; frequent eructation of wind ; violent painful contraction of the pylorus ; uneasiness in the stomach ; painful feeling of sensitive weakness in the stomach ; nausea and shivering ; overwhelming vomiting, with almost cold perspiration of the head and face, especially the latter ; great inclination to vomit ; frequent violent hiccoughs ; inclination to frequent hawking of a viscid accumulated phlegm in the throat.

14.

Intense burning and tickling in the throat, stretching from the arches of the palate to the larynx ; painful twisting in the region of the cardia ; frequent hawking of viscid phlegm in the throat ; sad dreams.

15.

Pressure in the occiput ; uneasiness and perceptible reversed peris-

taltic motion of the stomach, without vomiting; want of appetite; accelerated insufficient breathing.

16.

Tickling and soreness in the throat, with the feeling of gradual constriction of the œsophagus from below upwards; frequent eructation, with flow of water in the mouth; fulness and pressure in the region of the stomach, and, after dinner, borborygmus; oppression of breathing; accelerated insufficient breathing, requiring deep respiration: decreased abdominal respiration; confusion in the head, increased in the evening to a violent pressive pain in the head, with considerable heat in the face, and accelerated pulse.

17.

Pains in the body and small of the back, burning pain, afterwards turning into a boring one, in a small spot under the right breast; becoming more painful on quick motion of the body, deep breathing, and sneezing, somewhat as if something had fallen out of its place, which was replaced with a feeling of pain, by degrees extending to the epigastrium and the left side, at times abating, at times becoming more violent, and then working like a plug through the breast as far as the back, with the feeling of palsy of the painful part.

18.

Tickling and burning of the throat; slight eructation of wind; vomituration; pressure in the whole course of the œsophagus, as if proceeding from a foreign body or too large a morsel of food, strongest close under the larynx and in the epigastrium; pressive pain in the epigastrium; feeling as of a plug in the epigastrium, extending through the middle of the body to the back; soon disappearing, then returning, and stretching from the epigastrium along both sides of the inner wall of the thorax to the back; slight borborygmus; increased secretion of urine (easily decomposing, and depositing a pink sediment, with small brown crystals); slow pulse.

19.

Tickling in the throat; vomituration; straining and raising of the larynx; violent tearing in the fibula; violent spasmodic pain in the left posterior iliac region, scarcely allowing touch or motion; troublesome weight in the genitals.

RANUNCULUS BULBOSUS.

By Dr FRANZ.

[PREPARATION.—The whole plant, including the flower, was gathered in June, and immediately, while still fresh, cut into small pieces, and pounded in a mortar, and the juice expressed through linen and received into a glass containing about half an ounce of spirits of wine. The juice of the root, obtained in a similar manner, was then added, and the whole mixed with equal parts of strong alcohol, and digested in a dark place for three days. The clear dark-brown tincture was then poured off from the sediment, and preserved in well-stopped bottles. This was the preparation used in the experiments.]

All the species of *Ranunculus* owe the greatest part of their virtues to a so-called acrid principle, which is used as the basis of classification for a large class of medicinal substances in the systematic treatises on *Materia Medica*.

This principle is very volatile, and the plant therefore loses its activity almost entirely by boiling, drying, &c.*

According to the situation, time of year, fructification, and, even in the different parts of the same species,† a great differ-

* The *Ran. repens*, *auricomus*, and even the *sceleratus*, is eaten in many countries when boiled. Viney (*Traité de Pharmacie*, i. 7) has formed a mild nourishing meal from the *Ran. bulb.* The *Ran. aquatilis* is dried in some parts of England, and around Strasburg, to feed cows with, which in consequence yield more milk and better butter. (*Dictionnaire des Sciences Médicales*, vol. xlvii., Art. *Ranunculus*.) About twenty knobs of the root of the *Ranunculus bulbosus*, boiled in a pint of water, became soft and friable and of a sticky nature, resembling *Althea* roots; were of a mild, not unpleasant, taste, and could be eaten without injury. The water in which they were boiled was clear and tasteless. (*Krafft*.)

† The *Ran. sceleratus*, for instance, loses much of its strength in a dry soil, so that, in some parts of Scotland, it is given as food to horses; whilst on the pasture, no animal touches it, except asses and sheep. (*Dictionnaire des Sciences Méd.*) When gathered in May, it is quite mild; the taste is milder the nearer the root, and more acrid the nearer the flower; the young plant is more acrid than the old.

In the *Ranunc. bulb.*, the acrid principle in the leaves and stalk is very different during fructification. The leaves near the root, as well as the rest, are the less acrid, the paler and more sapless they appear, in the same manner as the stalk, the more woody it is; so that, during fructification, the acridness is contained merely in the root and flowers, or chiefly in the germ; before fructification, the vessels of the root are acrid, but are afterwards tasteless.

ence is observable in the quantity and strength of this acrid principle, and the difference of quality, still more than of quantity, is observable in the various species of *Ranunculus*, some of them, such as the *Ran. thora*, *sceleratus*, *bulbosus*, and *acris*, being very poisonous, others less so, and others, again, quite harmless.

It is to be expected, that, from the prevalence of this principle, the different species of *Ranunculus* should have uniformity in their effects, but, from the proving of these on healthy bodies, it will appear that there are many remarkable differences in their action on the organism.*

A phenomenon which appears to warrant the use of chemistry, in the investigation and judging of medicines, on the one side, as far as regards the classification of remedial substances in general, but, on the other side, is unfavourable to it as respects the investigation of their action upon the animal organism. If we compare only those in the class of medicinal substances, furnished with an acrid principle, to which the *Ranunc.* belongs, and among those whose effects on the healthy body are already examined, for example, *Canth.* *Clematis*, *Pulsatilla*, *Rhus*, *Scilla*, *Colchicum*, *Bryon.*, *Mez.*, *Grat.*, *Sabad.*, *Staph.*, &c., with one another as well as with the *Ranunc.*, we shall be surprised with the correspondence of single symptoms, and even whole groups of symptoms, but, at the same time, also admire the diversity, as a whole, of each individual, with every other of the group.

The Ranunculaceæ are among the oldest plants that have been used in medicine, and even Hippocrates employed the *Ran. creticus* and *grandiflor.*, under the name of Βαργάχιον.† On account of the acrid corrosive principle which they contain, and from which cause they were classed among poisons, their employment has hitherto been dreaded, or, at farthest, they have only been used externally. The medical men of antiquity employed them for destroying indurations, horny

* Even in its external operation, the *Ranunc. bulb.* does not act so quickly as the *scelerat.*, but more continuously, and produces a dangerous disease of the tongue, palate, and gums. (*Kraff*, loc. cit.) The *Risus sardonius* is sometimes also a property of the *Ranunc. scelerat.*, which the *Ranunc. bulb.*, even when given in large doses, did not produce, at least in healthy persons.

† *Trait. de Nat. Mal. s. Sprengel. Hist. rei Herb. i. 44.*

and other growths, in diseases of the skin, scrofula, on which account Pliny (Hist. Nat., xxiv. 15) calls a particular kind of *Ranunculus*, *strumea*.

They have been chiefly recommended as vesicatories instead of cantharides ;* the preference, indeed, has often been given to them on account of prejudicial effects which cantharides often exerts on the urinary organs ; they have, however, again fallen into disuse, because they frequently gave rise to incurable ulcers, and accidents of greater moment than the disease they were intended to cure.†

Ignorance or inattention to the quantity administered, has hitherto expelled many of the most efficient remedies from the *Materia Medica* ; among others, the *Ranunculus*, whose poisonous properties have been dreaded. On this account, on consulting the writings of the older physicians, we find that it has proved of little advantage in cases where it otherwise would have been of great service, those few instances excepted when it was employed outwardly. It has scarcely ever been used internally unless as a domestic remedy.

Used externally as a vesicatory, the *Ranunculi*, especially the *Ran. acris*, *scelerat.*, *bulbos.*, and *flammula*, are said to cure the most violent chronic headaches, rheumatic and gouty pains. The *Ran. bulb.* applied to the soles of the feet, is said to recall thither gout when it has attacked the thoracic organs. Employed as a plaster on the pit of the stomach, Sennart and Van Swieten say, that they have averted the fit in *intermittent fever*. According to Locselius, the country people employ wine, mingled with the juice of the plant, as an antidote to scurvy.

In Piedmont and Briançon, the country people, according to Villars (*Plant. du Dauph.*, tom. iii. 740), employ the *Ran. glacialis*, which they call earline or coralline, boiled in a large

* In many places, beggars use them, even now-a-days, to produce blisters and ulcers on the skin, in order, thereby, to excite compassion.

† Murray and Tissot relate melancholy cases of this nature, *e.g.* a child, that was cured of fever, with subsequent dropsy and hydrocele, by the application of the *Ranunculus* to the wrist, contracted an ulcer, that extended to the *lig. annulare*, and the flexor tendons of the fingers. A soldier lost his thumb. Another had violent inflammation of the arm, with fever and delirium, followed by gangrene of the arm.

quantity of water, in order to cause perspiration in pleurisies and rheumatisms.

According to Kraff and Gilibert, *Ran. scelerat.*, diluted with a large quantity of water, acts as a *diuretic*; it has likewise been observed to be of use in some cases of *asthma*, *phthisis*, *blennorrhœa*, *ulcers of the bladder*, *dysuria*, *icterus*, *scrofulous affections* &c.

Had the method of discovering the mode of action and healing powers of medicines, first proposed by the originator of Homœopathy, "by trying the effects of remedies, beginning with small doses and gradually increasing those on the healthy individual, and by using the smallest quantities in disease," been pursued from the beginning, what a treasure of knowledge of the properties of medicinal substances would we not have had!

The following catalogue of symptoms of the pure action of the *Ran. bulb.* upon the healthy subject, may serve as a small contribution to the knowledge of this most powerful remedial agent. It will then be seen in what diseases of the *eyes*, *nose*, *breast*, *abdomen*, *liver*, and *skin*, one may expect it to be efficacious.

Rushing of blood to the head, and, consequent thereupon, sometimes *giddiness*, sometimes *sensation of swelling of the whole head*; *pressure and splitting pain* in the *forehead* and *crown*; *tearing or pressing pain* in the temples; sudden pains (beatings) in the occiput; pain of headache over the right eye; external soreness (pricking) of the head.

Whirling cramp-like pulsations in the face.

Biting and *soreness* as of a wound in the *angle of the eyes*; *feeling of pressure* and *soreness* in the *ball of the eye*, inflammation and lacrymation of the eyes; darting pains in the ears.

Burning, *inflammatory pains* in the *throat* and *palate*, *secretion of tough mucus* in the *throat* and *ptyalism*, *nausea*, alteration of taste.

(Chronic) *pains of the abdomen* (as in subdued inflammation of the bowels); *burning soreness* and *weight* in the pit of the stomach; *gripping, twisting (colic-like) pains* in the bowels, with a sensation as of festering, or pressure being made externally, &c.; *bruised pain of the hypochondria* (existing of it-

self and felt on moving), and external soreness of the whole body.

Uneasiness in the liver, and *darting pain in the right side of the chest*.

Crawling sensation and stuffing of the nose, and scabs on that organ, the so-called *sore nose*.

*Long continued oppression of the chest; rheumatic, darting, and festering pains in the left side and middle of the chest; tightness, pressure, and soreness (also externally) of the lower part of the chest and pit of the stomach; frequent deep pains in the right side of the chest, darting towards the liver (generally without external pain); pains of the chest, especially of the outer parts (intercostal muscles, pleura, &c.), that are principally felt or increased on moving, touching, or stretching the body.**

Rheumatic bruised sensation between the shoulder-blades and over the whole body.

Cramp-like tearing, darting, twitching pains in the *arms; coldness and itching of the hands; pains, herpetic eruptions, and ulcers of the fingers*.

A kind of sciatica, *dragging pain in the back of the thigh*, cramp-like boring pain about its middle, and itching, cracking of the knee joints; stiff pain in the ankle-joint (with giddiness), and cramp in the dorsum of the foot; *soreness and dartings in the toes*, pulsating pain in the heel.

Great uneasiness, itching in various parts of the skin.

Weariness and bruised feeling in the body, sudden fainting-like (giddy) weakness, spasms in different muscles, and trembling of the limbs, sleepiness during the day.

Restlessness at night and *sleeplessness*, generally without any particular cause, sometimes on account of tightness in the chest, or itching of the skin, or heat and determination of blood to particular parts, *late of going to sleep*, or *frequent awakening and lying for hours awake, early awakening in the morning* with perspiration, impossibility of lying on the side, dreaming of being in danger of drowning.

* Perhaps that kind of chronic (rheumatic) disease of the chest and inflammation which, as the *sectio cadaveris* shews, is generally followed by adhesion of the pleura, &c.

Feverish symptoms, chiefly *consisting in rigors*, generally occurring after dinner, but frequently also after supper, or in the evening, with pain in the abdomen, and other accidental concomitants, or heat of the head with cold hands.

Temper generally peevish, irascible, excitable in the forenoon, lowspirited and anxious in the evening. These complete the picture of the symptoms produced by the *Ranunculus bulbosus* in the healthy subject, and of those in which we may expect advantage from its use in disease.

Change in the external temperature, as, for example, going from the cold air into a warm apartment, and *vice versa*, causes a number of disagreeable symptoms.

Most of the symptoms occur in the *morning* and *evening* (and night), some *after eating*.

On being touched, on moving or stretching the body, or changing the posture, *e. g.*, on changing from the erect to the sitting position, and *vice versa*, chiefly produce the pains on the external parts of the body, the chest, &c.

Some pains are accompanied with rigors.

With regard to the time, sequence, and arrangement of the symptoms, a certain uniformity prevailed both with me and others.

(*With me.*)* After the first portion and the first day, pressure internally in the eyeball, and transient oppression of the chest within half an hour,—pain as of a wound in the eyes, burning in the pit of the stomach, pressure in the region of the liver, after the lapse of an hour,—prickings in the ears, ereeping and prickings on the scalp, with confusion of intellect, slight beatings in the occiput, after two hours,—pressure diagonally across the breast and pit of the stomach, stiffness in the ankle-joints, with giddiness. Nervousness of temper, after three hours. Tearing pain in the temples, itching of the hand, after four hours. Darting pain in the left side of the breast and spleen, pressure on the root of the nose, shivering after dinner, after six hours. After dinner, gripings

* The first day (26th Nov. 1827) I took in the morning, fasting, 8 drops of the juice prepared with equal parts of alcohol, in one pound of water; the 2d, 3d, and 4th following days, 12 drops, also in the morning, fasting, with the same quantity of water.

and soreness of the abdominal parietes on being touched, with feverish rigors, after seven hours. Pain in the oeciput, feeling of pressure in the eyes and forehead, slight giddiness, continued pain in the stomach during the act of digestion, and sensation of faintness, after eight hours. A long time of falling asleep, and frequent awakening the first night. The *second day*, after a fresh dose ; on rising, pain in the left side of the chest, weakness and faintness, tearing pain in the crown of the head, after the lapse of one hour. Confusion in the head ; peevishness, with pain diagonally across the breast and in the pit of the stomach, after two hours. Pain in the toes, absence of mind, during which he talks to himself, after five hours. Pain in the back of the thigh extending downwards, in the wrist, joints, and thumb, and in the scapulæ, bruised sensation in the hypochondria, pains commonly termed rheumatic, from the fifth to the tenth hour. Pain in the left side of the chest, gripings and tenderness on pressure in the bowels, returning periodically, and alternating with each other all day, together with a cold feeling during digestion ; watchfulness at night. The *third day*, after a repeated dose ; in the morning pain in the left side of the chest, raw soreness in the eyes, burnt taste in the mouth, cracking of the knees, eructations, burning, feeling in the palate as if scratched, tenderness of the hypochondria, pit of the stomach, and sternum, collection of mucus in the throat, in the forenoon,—pain in the nail of the forefinger, pain in the tendo Achillis ; a kind of sciatica, *constant pain in the left side of the chest*, rawness of the eyes, in the afternoon. Feverish condition, flushing of the face, with cold hands, quick pulse, and eructation, coldness of the hands, griping in the abdomen, continued pain in the left side of the chest, headache over the right eye, pressure on the right scapula, anxiety, determination of blood to the head, sleepiness in the evening, and sleeplessness at night. The *fourth day*, without repeating the dose ; on awakening, pain of the left side of the chest, fretfulness, irascibility, continued pain in the breast, faintness and trembling, feverishness after dinner and in the evening, sleeplessness at night. The *fifth day*, after a repeated dose ; on awakening, the usual pain of the breast, tearing pain in the temples, and afterwards prick-

ings in the ear, ptyalism, after one hour. Pain in the occiput, after two hours. On movement and on being touched, constant soreness in the left side of the chest, in the hypochondria and back, alteration of taste, peevishness, after four hours. Pain in the abdomen, and oppression of the chest, in the afternoon. Feverish rigors every two hours, with pain in the occiput, anxiety in the breast, pain in the heels and toes, in the evening. The *sixth day*, much nausea, pain in the abdomen, with fever after dinner, slight pain in the chest, a sleepless night. The *seventh day*, in the morning headache, during the day pain of the chest alternating with slight pain of the abdomen, and in the evening pain in the face and in the ankle-joint. The *eighth day*, pain in the dorsum of the foot, anxiety and pain in the chest, pain in the temples, in the left zigoma and in the eye-ball, in the forenoon: much external and internal pain in the chest, in the afternoon; feverishness, tenderness of the hypochondria, in the evening. The *ninth day*, almost constant pain in the chest, in the evening, with cough and eructations. The following days, until the 21st day, after restless, sleepless nights, in the morning great (external and internal) tenderness, especially of the whole of the left side of the chest, tenderness of the hypochondria, weariness and lassitude, frequently shivering after eating, with gradual disappearance of the abdominal symptoms, sometimes considerable cough and feverishness in the evening, constantly persisting, accompanied by periodical pain of the eyes, headache of the temples and forehead, in the evening shivering. On the fourteenth day, positive inflammation of the eyes, with occasional pain on the dorsum of the foot, and in the back of the thigh, extending downwards.

The individual distinguished by an asterisk, drank the remainder of the pound of water containing 8 drops of the juice, amounting to about one ounce—never any more.

The person marked Sd., took at different times, first 5 drops (20th Dec. 1827); fourteen days afterwards, 15 drops; nine days afterwards, 20 drops; lastly, within twelve hours, 60 drops. Sd. 1, 2, 3, 4, mark the different occasions on which he took the substance.

RANUNCULUS BULBOSUS.

- 1 A feeling of turning round, and giddiness in walking. (A. 10 h.)

On going out of the room into the air, the feeling of turning round, as if he would fall down. (A. 8 h.)

In walking, a sudden attack of giddiness in the occiput, as if he would fall, and afterwards a violent tearing pain in the right temple. (A. 5 h.)

Bewilderment of the head, making it difficult to think on any subject. (A. $\frac{1}{2}$ h.)—[Sd.]

- 5 Giddy, with a sensation in the head, as if it were *swelling and enlarging*. (A. $\frac{1}{2}$ h.)—[Sd. 2.]

Head very much confused the whole forenoon; he feels quite weak in the head and body. (2d day.)

On attempting to think, *he finds it impossible to collect his ideas*; he looks intently for a long time at one spot. (A. 1 h.)—[Sd. 2.]

He does not know where he is. (Ephem. Nat. Cur. Dec. III. own two obs. 87.)

Obtuseness of some weeks' duration, as long as the herpetic eruption on his finger was present; nothing made a lively impression on him, even the painful herpetic affection made not the impression on him, which, from its nature, it should have made; and it was with great difficulty that he could describe its progress, &c.

- 10 *A feeling of swelling of the whole head.* (A. 1 h.)—[Sd.]

* Heaviness of the head. (A. $1\frac{1}{2}$ h.)

* *On walking in the open air*, flow of blood to the head, especially to the crown of the head. (A. 3 h.)

On writing, while standing, tearing pain in the crown of the head. (2d day early.)

In the evening, *on coming from the open air into an apartment*, splitting pain in the crown of the head, with sensation of pressure on the eye-ball at its outer angle. (A. 14 h.)

- 15 In the afternoon, pain in the forehead, as if it were distended with blood. (13th day.)

A short time after supper, pulling pressure anteriorly and superiorly in the frontal bone, with a sensation as if the hair were bristling up on the front part of the head. (A. 13 h.)

Headache, anxiety and weakness whilst eating. (Ephem. Nat. Cur.)

Violent tearing pain in the right temple, preceded by giddiness in the back of the head. (A. 8 h.)

Painful pricking sensation in the left temple, only superficial however; after its disappearance, pricking pain in the left ear, and tearing pain in the left side of occiput. (5th day.)

- 20 (Before dinner.) Pressing pain confined to a small space, where the temporal bone is united to the frontal. (7th day.)

Pain at the union of the right zygomatic with the temporal bone. (6th day, noon.)

On passing from the open air into a room, he experiences immediately oppressive pain in both temples, and in the nape of the neck, with giddiness, as it were in the centre of the brain. (Evening, after 11 h.)

Pain in the temples, sensation of dragging, and pressure in the evening whilst walking, with feverish restlessness and difficulty of breathing. (8th day, evening.)

In the left side of occiput, now and then low feeble beating, not like the pulse, but with longer intervals. (A. 2 h.)

- 25 Whilst sitting, transient (beating?) pain in the right side of occiput, with general weakness. (A. 9 h.)

Immediately after a trifling vexation, pain in the back of the head. (4th day, early.)

Pulling lancinating pain in the back of the head. (4th day.)

In the evening, violent tearing pain, first in the left side of occiput extending to the nape, then forwards along the under jaw. (5th day.)

Momentary sensation of giddiness in the forehead, and immediately afterwards momentary pressure in the same place. (A. 9 h.)

- 30 In the evening, whilst writing, heat of forehead, with the sensation as if it were about to break out into perspiration. (A. 15 h.)

Pressure in both frontal protuberances, on going from the open air into the room. (2d day, early.)

Pain pressing outwards towards the forehead. (1st day, afternoon.)—[Sd. 2.]

In the afternoon, soreness (as of an injury) of the hairy part of the frontal region, existing by itself, not produced by touching the part.

In bed, early in the morning, oppressive headache in the forehead and eye-balls; *diminished on rising*, when the pain in the breast, on the contrary, was increased. (3d day.)—[Sd. 2.]

- 35 Headache over the right eye, with an inclination to weep, and an oppressed state of mind, apparently proceeding from the chest. (Evening, 3d day.)

Headache over the right eye, *increased on lying down, better when walking or standing*, with heat of face and cold hands. (A. 8 h.)

Headache over the right eye (frontal sinus?), spreading thence downwards into the nose, with giddiness and inclination to fall forwards, and beating in the right frontal protuberance the whole day until evening. (1st day.)

Along with the *sensation of a rush of blood* inwards towards the brain (without the feeling of outward heat), and commencing confusion of the head (incapability of thought), a burning pricking sensation, as if with a number of needles, externally on the right side of the hairy scalp. (A. 2 h.)

At night, in bed, a feeling as of something running and crawling on the scalp, like a beetle (from the vapour produced during the extraction of the juice.) (A. 8 h.)

- 40 Pressure on the root of the nose. (On sitting down after 5 h.)

Considerable dry heat in the face, with bright redness of the cheeks, feet at the same time ice-cold, she felt chilled in consequence; the mouth is dry, clammy, so that she can scarcely speak. (Evening, 8 o'clock, after 9 h.)—[Stpf.]

In the evening, heat and flushing of face, with internal rigors. (2d day.)—[Sd. 4.]

Creeping sensation in the face, especially in the chin and nose. (1st day.)—[Sd.]

On lying down at night, a cramped paralyzed sensation in the chest and belly. (2d day.)—[Sd. 3.]

- 45 Biting pain in the eyes, as if from smoke. (Evening, after 14 h.)

Biting pain in the eyes, nose, and throat; the eyes are tearful and painful, so that he must rest for half an hour, because he is unable to see any thing. They are slightly inflamed in the white part; the mucus flows in streams out of the nose; the throat is raw and painful on taking an inspiration, less so in swallowing.

In the evening, biting and soreness of the outer angle of the right eye. (3d day.)

Soreness and biting from within in the right eye.

Burning soreness of the right under eye-lid. (3d day, early.)

- 50 Swelling and redness of the outer angle of the left eye, with soreness as of a wound. (14th day.)

In the apartment, itching of the eye, so that she is forced to rub it, accompanied with ceaseless stretching and yawning; afterwards rising of the food. (Afternoon, 1st day.)

Uneasiness in the eye, as if a hair had entered it; disappearing on rubbing.

On moderate exertion of thought, oppression in the right eye-brow. (2d day, evening.)

In the right eye-ball, pressure as of a blunt-pointed instrument from above downwards. (A. 9 h.)

- 55 *Violent pressing pains in the eye-ball, first of one side, then of the other.* (3d day, early.)—[Sd. 3.]

Pressure on the eye-ball, continuing for several days. [Sd. 2.]

Slight pressure on and in both eye-balls, as if they would be pressed out of the socket, with a sensation of giddiness in the forehead. (A. $\frac{1}{2}$ h.)

Pain in the eye on moving it. (8th day.)

Pressure in the eye-balls, particularly the left (soon after.) [Sd.]

- 60 Soreness of the right eye-ball. (9th day.)

Immoveable pupil soon after. (1st day.)—[Sd. 2.]

Cloudiness before the eye, immediately. [Sd.]

Pricking sensation in the right ear, deep-seated in the vicinity of the tympanum. (A. 2 h.)

- 65 In the evening, pricking pain through the right ear, extending to the right parietal bone. (2d day.)

In the evening, pricking pain in the left ear. (2d day.)—[Sd. 2.]

In the evening, a sensation of cramp inside and outside the left ear. (4th day.)—[Sd. 2.]

Pricking sensation near the right angle of the mouth. (A. 15 h.)

Visible twitchings of the lips. (Ephem. Nat. Cur.)

Early, on awakening, toothache. (15th day.)

- 70 In the sound molar teeth of the right side of the lower jaw a sensation as of a foreign body; a knife introduced between them and forcing them separate. (A. 4 h.)

Itching burning sensation in the right side of the pendulous palate. (1st and 3d day.)

In the morning, a disagreeable taste in the mouth, tongue covered with a white fur. (2d day.)—[Sd.]

Itching burning sensation in the throat, increased on inspiration, and by the smoke of tobacco. (A. $\frac{1}{2}$ h.)

All the afternoon, increased secretion of mucus in the throat, causing frequent clearing of the throat. (2d day.)

- 75 *In the evening, increased secretion of tough mucus in the throat, during several evenings.* (3d, 4th, 7th day.)

Collection of tough mucus in the throat. (2d day.)—[Sd. 2.]

Hoarseness and tough phlegm in the throat. (1st day.)—[Sd. 3.]

Sensation of rising cramp in the pharynx and œsophagus shortly after. [Sd. 3.]

Frequent flow of water into the mouth. (5th day.)

- 80 Flow of white saliva, having a coppery taste. (2d day.)—[Stpf.]

Bitter burnt taste in the mouth, after and during the eating of dry food, the taste of which is perfectly perceived. (3d day, early.)

Bitter sour taste in the mouth half an hour before dinner, taste of the food distinctly perceived afterwards. (5th day.)

Sweetish taste on the point of the tongue, with a flow of water. (3d day, early.)

Butter tastes too sweet.

- 85 At noon, before dinner, frequent eructations and great hunger; he eats, however, less than usual. (3d day.)

In the afternoon increased thirst, for several days. [Sd.]

Frequent eructations. (1st day.)—[Sd.]

Eructations of air. (2d day.)—[Stpf.]

Hiccup-like eructations, 4 hours after dinner. (1st day.)

- 90 In the morning, feeling of emptiness; after taking food, frequent eructations. (2d day.)

Frequent eructations in the evening. (7th day.)

Hiccup. (3d day.)

Convulsive hiccup. [Ephem. nat. cur.]

In the afternoon, much nausea, sometimes accompanied with headache. (2d day.)

- 95 In the evening, nausea, especially whilst smoking the accustomed pipe; diminished on eating. (6th day.)

Having indulged the day before in a glass of wine, in the morning headache and constant nausea, oppressive feeling in the upper part of the chest, and lancinating pain in the left side of the chest. (7th day.)

Towards noon, nausea and eructations. (12th day.)

Nausea, sleepiness. (A. 3 h.)

Momentary nausea. (A. 1 h.)—[Sd.]

- 100 Severe burning pain at the cardiac orifice of the stomach, with great anxiety about the heart. [Eph. nat. cur.]

In the scrobiculus cordis burning, sore, weighing-down pain, as also at the cardiac orifice of the stomach. (A. 2 h.)

Raw soreness in the pit of the stomach on pressure. (2d day, early.)—[Sd. 4.]

Oppression in the pit of the stomach. (A. $\frac{1}{2}$ h.)

Oppression on both sides of xyphoid cartilage, also on the cartilages of the ribs; most severely felt on the right side. (3d day, early.)

- 105 Whilst walking, weighing-down pain on both sides of the ensiform cartilage. (8th day, early.)

In the morning, a sensation of hunger and rumbling in the stomach. (2d day.)—[Sd. 4.]

After dinner, under the navel, griping, with the sensation as if the bowels were about to fall out at that part; the griping extended in the form of dragging; weighing-down pain towards the right and left sides of the abdomen, whence it rose towards the pit of the stomach. (A. 8 h.)

Immediately after dinner, severe lancinating pain extending from the left lumbar (renal) region, obliquely through the abdomen, especially under the navel, and towards the right pubis. (2d day.)

Immediately after supper, soreness and pricking in the left side of the belly. (A. 12 h.)

- 110 Spasms in the abdomen and arm. (A. 12 h.)

The whole day slight griping pains in the belly, sometimes alternating with pain in the chest. (3d day.)

Whilst walking, constant slight griping through the whole of the intestines; they are painful when pressure is made on the abdominal parietes. (A. 10 h.)

On pressing the abdomen against the sharp edge of a table, the bowels are pained as from an internal abscess; thereafter, colicky gripings under the navel. (A. 9 h.)

Tenderness of the intestines whilst walking, and subdued pain. (8th day.)

- 115 In the evening, on lying down, slight movements and rumblings in the belly. (1st day.)—[Sd.]

On lying down at night, lancinating pain in abdomen and rumbling. (1st day.)—[Sd.]

Rumbling and movement in the belly. [Sd. 3.]

Pain in both hypochondrial regions, accompanied with tenderness of those parts on being touched. (3d day.)

In the evening, pain of both hypochondria and of the lowest fixed ribs, as if they were bruised. (8th day.)

- 120 *In the morning, a sensation in the region of the last true rib of the left side, as if it had been crushed or dislocated.* (11th day.)

Soreness of a bruise in the region of the short ribs, with pain in the back, languor, and ill-humour. (3d and 4th day.)—[Sd. 8.]

Soreness under the short ribs of the left side, particularly on moving the body, for several days. [Sd. 3.]

Spasms (strong pulsations?) in the region of the left short ribs, continuing during the night, also several times during the day. (4th day.)—[Sd. 2.]

Periodical pulsations under the ribs of the (left) side. (2d and 6th day.)

- 125 At night, whilst going to sleep, on moving, severe pain in the belly, dragging and griping under and about the navel. (2d day.)

Whilst walking, at noon, severe griping in the umbilical region. (A. 7 hs. and 13th day.)

* Pain round about the navel, thence it proceeds, accompanied with chilliness, up the back and over the arms. (A. 2 h.)

Pain, deep in the lower part of abdomen. (7th day.)

All day, sometimes subdued, sometimes distinct pain of abdomen, and griping, with somewhat of a burning soreness, under the navel, sometimes with lancinating pains in the side of the belly, the intestines are pained as if festering, when pressure is made with the hand on the abdominal parietes. (2d day.)

- 130 Late in the evening, about two hours after supper, *gripings deep in the lower part of the abdomen*, several evenings in succession. (3d and 5th day.)

Gripings deep in the lower part of abdomen, thereafter, expulsion of wind.

* Shortly after eating, gripings in lower part of the abdomen. (A. 6 h.)

Early, pain in left side of abdomen. (3th day.)

In the forenoon, whilst walking, pricking in the left hypogastric region. (2d day.)

- 135 * Whilst walking, violent pricking pain in the vicinity of the right anterior superior spinous process of the ileum, in the flank.

Whilst standing, pressure in the right side of the chest, deep-seated in the region of the liver, increased on pressure. (A. 2 h.)

Pricking weighing-down pain in the right side of the chest, in the region of the last true rib (liver?), taking away the breath, with lancinating pain and sense of weight on the right shoulder, whilst walking or sitting. (3d day, early.)

Whilst walking, lancinating pain in the right lumbar region, with slight sensation of burning. (3d day, early.)

From the right spinous process of ileum towards the flank, pain on stretching the body. (A. 9 h.)

- 140 Whilst the gripings continue, not only is the right flank painful on being moved, but also the left flank, and the pit of the stomach. (A. 8 h.)

Frequent flatulent discharge, having a bad odour. (5th day.)

Stools more easily passed, and more frequent. (1st day.)—[Sd.]

Instead of having only one motion daily, as usual, there occur two, for several days. [Sd.]

After frequent desire to go to stool, in the morning a hard motion is passed, in the afternoon one of natural consistence, for several days. [Sd. 2.]

- 145 Some pain in the belly; thereafter, a motion. (A. 5 h.)—[Sd. 2.]

Stools hitherto soft, become hard and not so copious, of a dark-brown colour. (2d day, early.)

Stool very consistent, and although apparently thicker than the opening of the anus, yet passed entirely without pain. (3d day.)

Stool passed later than usual, hard. (5th day.)

Stool for eight days passed later, and very hard (occurring in one who formerly had very regular soft motions). (11th day.)

- 150 * Pricking pain in anus. (A. 12 h.)

(Copiously discharging hæmorrhoids.)

Towards morning frequent erections, and giddiness in the head. (2d day.)—[Sd.]

Towards the morning pollutions. (2d day.)—[Sd. 4.]

The leucorrhœa which existed somewhat increased; it used to be mild, now it is sharp and biting. (2d day.)—[Stpf.]

155 Copious flow of tough mucus from the nose, from the vapour produced during the extraction of the juice of the herb.

* A creeping-like irritation in the end of the nose, extending through the nose towards its root, and inside the right eyebrow towards the temple. (A. 7 h.)

* Painful creeping in the neighbourhood of the alæ of the nose, inside the nose.

* Again, in the afternoon, painful creeping sensation, with feeling of weight in the nose, requiring frequent blowing of the nose, whereby some blood came. After blowing the nose, the creeping sensation went off, the right nostril became stopped up; was free in the open air, and became again stopped up in the room. (2d day.)

* The stoppage of the nose, which had not been present all day, returned in the evening, accompanied with a sensation of soreness to some depth in the nose. (2d day.)

160 *Sore nose*; the nose outwardly red and swollen, with pain and feeling of tightness, a number of scabs are formed, almost all of them on the right side; the nose continues dry, 4th day; lasting for 5 weeks.

In the evening, moderate cough, along with pain in the breast. (7th day.)

Whilst walking on even ground, weight on the chest, and shortness of breath, and yet no difficulty of breathing in walking up hill. (3d day.)

In the evening, heavy short breathing, cannot take a sufficient quantity of air in at a breath, and is forced frequently to take a long inspiration, with burning and slight pricking in the left side of the chest. (7th day.)

In the evening, anxiety at the breast, with much lacrymation, and soreness of the eyes, especially the right one. (3d day.)

165 *Sensation of anxiety at the chest, as after much grief, must frequently take a deep breath, continuing all the evening.* (5th day.)

Oppression of the breast, whilst walking fast, or going up hill.

In the evening nausea, weight on the sternum and heavy breathing, frequent deep inspirations, accompanied with the feeling as if enough of air could not be taken in. (9th day.)

Anxiety of the chest. (A. $\frac{1}{2}$ p.)—[Sd.]

Pain in the chest, with anxiety. (Soon after 1st day.)—[Sd. 2.]

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(E)

- 170 *Severe pressing burning pain in the chest, lasting several days.*
[Sd. 4.]

Severe pressing pain in the breast, commencing in the evening, and continuing all night, not increased on taking a full breath. (1st day.)—[Sd.]

Restless sleep at night, with severe pressing pain in the breast, and anxiety. (1st day.)—[Sd. 4.]

Slight momentary oppression of the left side of the chest.

Pain in the chest, and restless nights, continuing for a long time.
(For weeks.)—[Sd.]

- 175 *All the forenoon severe oppression of the chest.* (1st and 4th day.)

After dinner, violent palpitation in the breast, as if from a congestion of blood there, with an inclination to lie down. (2d day.)—[Sd.]

On rising in the morning, pain of the whole chest, as if from rheumatism or an abscess, on the slightest motion of the upper part of the body. (2d day.)

Pain of the left side of the chest, only lasting for a few hours in the morning, then disappearing. (14th day.)

Immediately on awakening in the morning, pain as if bruised in the chest, and pricking in the left side above the nipple, over a space about the size of the hand, increased on being touched, and on motion, daily for eight days. (15th day.)

- 180 *In the morning, pain in the left side of the chest, where the pectoralis major runs towards the left shoulder (axillary region), increased by every movement.* (16th day.)

Immediately after rising in the morning, severe pressure and bruised pain over the whole left breast, painful on every motion of the shoulder; the pain extends over the whole chest, with shortness of breath, and incapability of keeping up a long conversation from want of breath. (12th day.)

On rising in the morning, again severe lancinating pain above and beside the nipple, and near the axilla; he dare not move the arm, or raise it up, nor even raise the upper part of his body upright, without feeling an inclination to cry aloud; but he is obliged to sit and stand in a bent position, with the head and breast inclined forwards, and to the left side. (13th day.)

Sensation of great pressure on the upper part of the left side of the breast. (A. $\frac{1}{4}$ h.)—[Sd.]

In the evening, pain in the chest, oppression on the upper part of the left side of the chest, aggravated with pricking pain; respiration, movement of the part and pressure on the same, are painful. (13th day, evening.)

- 185 In the forenoon, whilst walking or standing, in the region of the last true rib of the left side, as if bruised and festering, with slight lancinating pain. (3d day.)

Pain of the left breast, as if ulcerated—suppurating and lancinating; increased by motion, turning the upper part of the body, &c., lasting the whole afternoon and evening, with very little respite. In the evening, at the same time, weighing-down pain in the right shoulder-blade. (3d day.)

The whole afternoon, constant pain of the chest, *mostly on the left side, and partly as if on the outside*, in the great pectoral muscle, which, on turning the body, has pain as of rheumatism, or of an abscess. The pain is first external, then as if it proceeded to the inner and back surface of the sternum, and towards the scrobiculus cordis. It often goes completely away, and then a weighing-down pain, as of an abscess, comes under the liver and in the right umbilical region. It is often preceded by a bitter burnt taste in the mouth, and inclination to clear the throat. (4th day.)

Darting festering pain in the left breast. (15th day.)

In the forenoon, whilst speaking, darting pain in the left side of the breast. (7th day.)

- 190 In the forenoon, *severe, sharp, prickings, anteriorly in the middle of the left breast*, on taking an inspiration. (8th day.)

On going up hill, lancinating pain in the side of the sternum, extending towards the left side, with a bruised feeling. (4th day.)

On walking in the open air, darting pain internally in the left side of the thorax, in the neighbourhood of the nipple, which goes off on continuing to walk; whereupon a pain arises deeper, beneath the last true rib of the left side, in the right side of the abdomen (in the spleen?) (A. 47 h.)

On waking in the morning, darting pain in the region of the 5th and 6th ribs of the left side, with great tenderness of this part on being touched, and great weakness. (2d day.)

All day long, soreness of the left breast ; increasing towards evening, with expectoration of tough mucus. (12th day.)

- 195 In the evening, severe pressure in the middle and on the left side of the breast, lasting several hours, with increased secretion of mucus in the air-passages. (11th day.)

In the evening, whilst writing, severe oppressive pain in the middle of the chest, and upper half of the sternum. (1st day.)

In the evening, nausea, pressure on the sternum, and difficulty of breathing. He frequently makes a deep inspiration, as if he could not draw in enough of air. (5th day.)

Throbbing in the sternum. (8th day.)

On bending down, there arises a sense of oppression on the under half of the sternum, in the region of the ensiform cartilage ; on rising again upright, throbbing likewise takes place in this part, which soon goes off ; after which the part feels *painful on being touched*. (A. 4 h.)

- 200 The feeling of oppression on the under part of the sternum extends over a space as large as the hand towards the right side of the thorax and pit of the stomach ; the latter and the sternum are painful on being touched, and even on bending the body ; *the whole chest externally is so tender*, that the mere act of buttoning the coat causes pain, lasting three hours uninterruptedly during the first 6 hours of the 1st day.

In the evening, whilst walking or standing, in the open air or in the house, *pressure and anxiety extending across the breast at its lower part*, accompanied with sharp prickings ; at first apparently externally, but afterwards extending deeper ; at one time in the right, at another in the left side of the thorax ; *increased by motion, stooping, and breathing*. (8th day.)

In the forenoon, tightness and pressure in the lower part of the right side of the thorax, towards the liver. (2d day.)

* Single shooting pains in the right side of the thorax. (A. 16 h.)

Soon after rising in the morning, whilst walking in the open air, severe shooting pain in the whole right side of the thorax. (7th day.)

- 205 In the forenoon, darting pain in the right side of the thorax, in the region of the 5th and 6th ribs. (8th day.)

Severe darting pain in the right side of the thorax, about the 5th

to the 7th ribs, taking away the breath, with darting pain and weight on the right shoulder, whilst walking, after having sat still. (3d day, early.)

The whole day, violent darting pains, principally in the right, more rarely in the left, side of the chest; in the evening, pressure on the middle of the breast-bone. (2d day.)

Oppression of the chest, shootings in the right side, and pressure on the middle of the thorax, continuing almost uninterruptedly during the whole day, with painful respiration. (2d day.)

The pain extends from the left side into the right, so that there is lancinating pain in both sides of the chest, yet this does not prevent a deep breath from being readily taken, when it is performed with the body bent forwards. (F., 13th day.)

- 210 At night, in bed, pain of the whole chest, especially of the left side; it is impossible to lie on either side, on account of the external pain of both sides; at the same time anxiety, shortness of breath, quickened pulse. (3d day.)

External heavy pressing pain of the chest. [Sd.]

Heavy oppressive pain of the chest for several days; it is, however, principally external, and only renders breathing difficult whilst walking. (Sd. 3.)

Unusual cold sensation on the outside of the chest, whilst walking in the open air, in spite of warm clothing.

In the morning, pain in the back, and lassitude of the whole body after a restless sleep, accompanied by dreams and pollutions. [Sd. 2.]

- 215 *In the morning*, shooting pains between the shoulder blades, in the region of the 3d and 4th dorsal vertebræ. (5th day.)

On rising from bed in the morning, pain in the back. (2d day.) —[Sd. 3.]

Pain in the back, weariness, crossness, and bruised feeling in the vicinity of the short ribs. (3d and 4th days.)—[Sd. 3.]

Bruised feeling in the back and neighbourhood of the lower ribs, chiefly felt on motion. (For several days.)

In the morning, whilst walking, shootings in the right shoulder-blade. (2d day.)

- 220 On awakening in the morning rheumatic pain between the scapulæ. (4th day.)—[Sd. 3.]

* Pressing pain in the nape of the neck, and on a slight blow

being given in that part, pain in the forehead and parietal bone. (2d day.)

Rheumatic pain in the nape (evening), which, in the morning, was perceptible in the left axilla. (2d day.)—[Sd.]

Shooting pain and weight on the right shoulder. (3d day.)

* Twitchings in the arm.

225 Spasms in the belly and arms. (A. 12 hs.)

Violent inflammation of the arm, with fever and delirium, followed by gangrene of the arm.

Spasmodic pain of the right arm. (3d day.)—[Sd. 2.]

In the morning, rheumatic pain in both elbow-joints and in the shoulder-joints. (5th day.)—[Sd. 2.]

On writing, *sudden tearings* (prickings, spasms?) in the right fore-arm, and between the thumb and index finger. (10th day.)

230 Some severe shooting pains dart through the fore-arm, some time afterwards they come into the thumb of the left hand. (2d day.)—[Stpf.]

* Visible spasmodic drawing together of the skin and muscles on the ulnar aspect of the wrist of the left hand. (A, 12 hs.)

An itching of the fore-arm, which used sometimes to exist when in good health, returned more frequently and severely, especially at night. [Sd. 4.]

Tearing pain in the left wrist, extending along the back of the hand. (2d day, forenoon.)

* All day long cold hands. (1st day.)

235 * Shaking of the hand whilst threading a needle. (1st day.)

Twitchings of some of the muscular parts of the hands. (1st and 2d day.)—[Sd.]

Twitchings of the left hand, whilst it is lying still. (4th day.)—[Sd. 2.]

Great itching in the palm of the hand. (A. 4 hs.)

In the evening prickly itching in the right palm. (8th day.)

240 Frequent creeping sensation on different parts of the fingers. (1st day.)—[Sd.]

In the evening, burning itching of the left palm, of short duration. (4th day.)—[Sd.]

Several times slight momentary itching, with redness on different parts of the hand. [Sd. 4.]

Tearing pain in the ball of the left thumb; afterwards the part is painful on being touched. (2d day, afternoon.)

Pain under the nail of the right index finger, like the festering produced by the introduction of a splinter. (3d day, afternoon.)

245 * *Creeping in the skin of the fingers.* (A. 6 hs.)

Inflammation of the finger extending to the axilla. (Krapf.)*

During the first quarter of an hour, a poultice made of the crushed bulbous roots, laid upon the finger, caused itching; after which, although the skin may not be changed, there invariably rises a blister. (Krapf. p. 70, § 5.)

A piece of the bulb placed between the fingers, began in two minutes to cause a burning sensation, which speedily went off after the substance was removed; but two hours afterwards the place became red, and ten hours afterwards a blister rose, from which, when opened, a thin yellow burning liquid flowed in great abundance. (Krapf. p. 70, 32.)

Blisters on the fingers, especially of the right hand, like those produced by fire, or a blister plaster (of the size of a hazel-nut and larger), which, after being punctured by a needle (so that the raised epidermis of the blister was retained), continued to pour forth for eight days a yellowish lymph, accompanied by burning pain, the bright red skin (cutis) at the same time shining through the blister (from touching the juice during its expression).

250 After the blisters on the fingers had been healed fourteen days, and the new skin rubbed off gently, but again healed up, there appeared small, *deep, transparent, dark blue, slightly elevated, vesicles*, of the size of an ordinary pin's head (just as if the pores of the skin had elevated themselves into small, transparent, blue, vesicles), very close together in oval patches of the size of a sixpence, accompanied by *intolerable burning itchings* (like the sting of nettles, and having very much the same appearance), from which, on being scratched or punctured, a dark yellow-coloured lymph flowed, and which were afterwards covered with a *herpetic-looking horny scab*, which also itched insupportably, and on being scratched, or even without that secreted a clear fluid.†

When the hornylike scabs (herpes), which had appeared after the dark blue vesicles had been scratched off, had, within eight or ten

* From the flowers and leaves laid upon warts, which had been cut till they bled, but which were not destroyed by this method.

† These dark blue vesicles made their appearance periodically for months, and even half a year afterward, when the first ones had long since been healed.

days, fallen off spontaneously, a fresh crop of blue vesicles appeared, accompanied by intolerable burning itching; in consequence of scratching these off, which could not be avoided on account of the severe itching, *the fingers became inflamed, shining red, swollen in a puckered up manner* (like sheepskin), and accompanied with an intolerable burning lancinating itching.

After the application of deer-fat, on account of the insupportable itching of the swollen fingers, the horny herpetic-like scabs came no more, but *groups of small holes of about the size of pins' heads* (as if it were the pores of the skin), *arranged closely together in patches of the size of sixpence*, made their appearance, *which poured forth in the form of drops of sweat, a clear lymph, and formed small flat burrowing ulcers, with sharply defined borders, which were healed with great difficulty*; they were accompanied with intolerable burning lancinating itching, that for weeks destroyed all rest by day or by night

Ulcers on the fingers penetrating to the flexor tendons.

On walking, in the evening, dragging pain in the right hip. (3d day.)

255 Whilst sitting, in the afternoon, painful dragging in the back and inner side of the thigh, extending downwards into one-half of the calf; felt most at the inside of the knee-joint. (3d day.)

Whilst walking, in the evening, cramp-like tearing pain in the outside of the right thigh, from its middle downwards, passing over the knee into the calf. (5th day.)

In the morning, in bed, and afterwards on standing, tearing, boring pain in the middle of the thigh. (17th day.)

Tearing pain on the inside of both knees whilst walking. (2d day, early.)

In the evening, severe itching on the inner side of the knee, and in the ankle joint. (2d day.)

260 Weakness in the knee-joint, so that it bends involuntarily. (2d day, early.)

On going up hill, cracking of the patella as if it would be dislocated. (3d day, early.)

Whilst walking, straining in the right tendo achillis. (3d day.)

Whilst walking in the open air, stiffness of the right ankle-joint, and the whole of the right leg, with giddiness deep-seated in the brain. (A. 3 h.)

In the evening, on rising from a chair, violent and continued pain in the ankle-joint. (7th day.)

- 265 In the evening, whilst sitting, tearing pain in the left ankle. (10th day.)

* Whilst walking, pain in the ankle-joint, extending half way up the tibia, as if the tendons were too short. (A. 12 h.)

Weighing down, dragging, continued pain in the dorsum of the right foot. (8th day.)

Whilst walking, sudden cramp on the dorsum of the foot, in the joints of all the toes, as if they had been trodden on. (A. 8 days.)

Whilst sitting, darting pain on the dorsum of left foot. (13th day, early.)

- 270 In the evening, cold feeling in the great toe, as if a current of air were passing through it. (3d day.)

Severe lancinating pain in the fourth last toe of the left foot on going from the open air into the house. (A. 4 h.)

In the evening, prickings in the dorsal aspect of the toes. (A. 14 h.)

Lancinating pain in the toes whilst walking. (2d day, early.)

Sensation of soreness and darting pain between the toes. (A. 12 h.)

- 275 In the evening, soreness and dartings in the points of the toes. (5th day.)

Whilst standing, in the afternoon, throbbing shooting pains in the left heel. (2d day.)

For two evenings, tenderness of the heels, as if pinched by boots, which, however, were not on at the time. (4th and 6th days.)

Disinclination to work; it is with difficulty he can conquer this, in order to write down his observations.

Restlessness, proceeding from the body. (1st day.)—[Sd.]

- 280 Anxiety, headache, faintness. (Ephem. Nat. Cur.)

The whole body as if bruised, particularly in the region of the lower ribs. (2d day.)—[Sd. 4.]

* On various parts of the skin, on the fore-arm, the thigh, &c., prickings ending in itching.

The whole day great weariness; his head feels as if he had not slept, although he can apply himself to work if he chooses. (2d day.)

The whole day very much exhausted and tired, with an inclination to sleep continually. (A. 10 days.)

- 285 In the forenoon, great heaviness and lassitude of the whole body.
(A. 7 days.)

In the forenoon, whilst walking, great weariness of the limbs.
(5th day.)

In the afternoon, whilst walking, great exhaustion, feebleness, shaking of the limbs. (4th day.)

Lassitude, fretfulness, accompanied with pain in the back, and bruised soreness of the true ribs. (3d and 4th day.)—[Sd. 3.]

Peevishness and trembling of the limbs. (4th day.)

- 290 * At night, on lying down to sleep, startings through the whole body. (2d day.)

Severe epileptic fit. (Ephem. Nat. Cur.)

Whilst sitting, in the afternoon, frequent recurrence of sudden weakness, apparently proceeding from the head, with a feeling as if he would lose consciousness. (A. 10 h.)

Whilst writing, early in the morning, as also whilst standing, sudden attacks of weakness, as if he would fall down.

Irresistible desire to sleep, during two successive afternoons.
(3d and 4th day.)

- 295 In the evening great sleepiness, so much so that he falls asleep at his work, and yet he cannot sleep for several hours after retiring to bed. (3d day.)

In the afternoon great sleepiness; for three days he finds it impossible to refrain from sleeping regularly three hours after dinner.
(8th day.)

Is late of falling asleep, and frequently awakes during the night, proceeding merely from inability to sleep, without any particular uneasiness. (4th day.)

It is long before he falls asleep at night, caused only by wakefulness; cannot lie on his right side; awakes early in the morning.
(7th day.)

Late of sleeping at night, awakening early in the morning, in a state of perspiration. (2d day.)

- 300 Cannot fall asleep for three or four hours after going to bed, although very much fatigued, on account of intolerable itching of the thigh and internal uneasiness; he perspires a little, and is forced to rise four times to pass water, although he did not drink much water in the evening. (5th day.)

Very long of falling asleep for several nights. [Sd. 2.]

Restless sleep, at night. (Sd.)

Very restless sleep, with increased pain in the chest, and heat.
[Sd. 2.]

At night frequent awaking, a long time of falling asleep again, on account of natural wakefulness, and anxiety of the chest. (3d day.)

305 Restless sleep with a pollution; the following morning pain in the back, and lassitude all day long. [Sd. 3.]

Restless nights, without refreshing sleep, and with frequent attacks of heat. [Sd.]

Some sleep before midnight, then wide awake until five in the morning, after which, sleep accompanied by dreams. (3d day.)—
[Sd. 3.]

Pollutions and slight erections. (1st night.)—[Sd.]

Early awakening, with perspiration. (3d day.)

310 Very lively dreams, imagined himself swimming, &c.

Anxious dreams of being in danger of drowning, with erections. (5th day.)—[Sd. 2.]

Aphrodisiacal dreams at night, without emission of semen (4th day.)—[Sd. 2.]

Awakens earlier, and is more brisk than usual. (2d day.)

The morning and the evening are the periods of the day when the symptoms produced by the ranunculus principally manifest themselves.

315 Pulse full and strong, 72 beats per minute. (A. $\frac{1}{2}$ h.)

Pulse, towards evening, ameliorated 85–90 beats, and rather hard. (3d day.)

Small hard pulse. (1st day.)—[Sd. 2.]

One hour after dinner, in the warm apartment, transient shivering over the whole body, bristling up of the hair, shuddering over the scapulæ, hands, and thighs, and shortly afterwards gripings in the abdomen, with pains shooting upwards towards the lower ribs. (A. 7 h.)

After dinner, chilliness, with cold hands and a hot face. (4th day.)

320 *After dinner*, chilliness for two hours, with roughness of the skin on the calf and fore-arms. (2d day.)

* *After dinner*, chilliness, with cold hands and a hot face. (1st day.)

After supper, chilliness over the shoulders, fore-arm, and thigh. (A. 12 h.)

She felt chilled over the whole body, so that her teeth chattered, and she shivered; accompanied by heat of the face, dry, clammy mouth; this lasted an hour in the open, not cold air (in the room the chilliness was milder.)—[Stpf.]

In the evening, heat in the face, particularly of the right side, with cold hands, quick pulse, and eructations. (3d day.)

325 In the evening, heat of the face, with burning of the ears, particularly strong on the right side, with cold hands, and general feeling of uneasiness. (2d day.)

In the evening, heat of face and flushings, with internal chilliness. (2d day.)—[Sd. 4.]

Whilst walking in the open air, in spite of warm clothing, unusual cold in the outside of the chest. (A. 3 h.)

Sudden changes of temperature, *e. g.*, when he goes from a warm room into the colder air, and vice versa, he feels great uneasiness.

Very fretful and disposed to be angry; inclination to weep and scold from the slightest cause. (A. 2 h.)

330 Disposition—the first forenoon fretful, inclined to find fault and bluster, in the evening dispirited, anxious, sensitive, discontented. The second day again disposed to be angry at the innocent jokes of others, &c. This continuing for several days, and frequently returning whilst under the influence of the ranunculus.

The subjects which cause his fretfulness continue to vex him for a long time afterwards, so that every person may see that he thinks of it, and he frequently talks to himself, and gesticulates in his anger. (2d day, forenoon.)

In the evening fretfulness, he dreads to be left alone, is afraid of ghosts.

In a very bad humour, nothing can make him pleased. (2d and 3d day).—[Sd. 4.]

RANUNCULUS SCELERATUS.

Vertigo whilst sitting.

Giddiness, incapacity of collecting the ideas. (A. 3 h.)

Heaviness, and sense of fulness in the whole head.

Head feels swollen and larger than usual.

The scalp feels drawn together.

Head feels screwed up.

Confusion of the head, particularly in the morning, after the characteristic restlessness during the hours after midnight.

Dull pain in the occiput, with external pain of the whole head.

Dragging cramped pressure on the crown of the head.

Dragging pricking pain on the skin of the crown.

Pressing pain, as from a blunt instrument, on the crown.
(5th day.)

Burning pain on the crown, continuing some minutes.

Long continued, dull, pressing, gnawing pain in a fixed point on the top of the crown to the left side.

Twitching in the head, in the region of the crown.

Pain, like gnawing, suddenly coming and as quickly departing, on one part of the crown.

Boring pain behind the right ear. (5th day, evening.)

Pressing gnawing pain in the right temple.

Shooting pain in the left temple. (A. 10 h.)

An outward pressing pain in the temples. (A. $\frac{1}{2}$ h.)

Continued inward pressing pain over the temples.

Feeling of fulness in the forehead, also produced by the vapour of the juice.

Itching in the scalp, causing desire to scratch it; the same.

Biting pain over all the scalp.

Hard pimples over the temples, which contain no pus. (4th day.)

Slight dragging pain, with cold feeling on the right eyebrow and the cheek downwards to the angle of the mouth. (For $\frac{1}{2}$ h. evening.)

Feeling of coldness in the face.

Sensation as if a spider's web covered the face. (2d day, even.)

Copious flow of tears whilst squeezing out the juice.

Tearfulness of the eyes at night.

Slight smarting pain in the angles of the eyes, immediately after taking the substance, and returning *periodically* for several days.

Burning pain of the tarsal borders of the eyelide. (A. 10 h.)

Severe biting pain in the eyelids, whilst extracting the juice.

Darting biting pain in the outer angle of the right eye. (A. $\frac{1}{2}$ h.)

The vessels of the conjunctiva very much injected, from the vapour of the juice.

Painful pressure on the eyeballs, the whole day, after expressing the juice.

Pressure on the eyeballs, soon after taking the substance, *periodically* returning for many days. (Lasting for hours.)

The eyeballs are painful on the eye being *rapidly moved*.

A hard pimple, without pus, under the left eye.

Extensive darting pain in the meatus externus of the right ear.

Continued dragging pain in the meatus externus of the right ear.

Shooting pains in the right ear. (2d day.)

Shooting pains in front of the right ear. (2d day, evening.)

Earache of the right side, with oppressive headache and dragging pain in all the teeth.

Prickling externally in the point of the nose.

Creeping and biting in the nose, from the vapour of the juice.

Sensation in the angles of the mouth and the lower lip, like the quiverings which precede vomiting, yet without nausea.

Dragging pain in the superior left canine tooth. (A. 7 h.)

Dragging sensation in the superior left canine tooth.

All the afternoon and evening dragging pains in the canine teeth.

Tearing pains in the inferior right canine tooth. (6th day early.)

Shooting gnawing pain in the front teeth. (2d day, evening.)

Transient dartings in the incisor teeth.

Dragging pain in the right upper molars.

Darting dragging pain in all the teeth.

Tenderness of the teeth all day long. (2d day.)

Dragging and spasmodic pains in all the teeth. (2d day early.)

Severe burning pain in the point of the tongue, on chewing the fresh herb.

Momentary darting pains in the point of the tongue. (3d day.)

Biting pain in the point of the tongue. (A. 20 h.)

Whilst squeezing out the juice, a large quantity of frothy saliva collects in the mouth, demanding frequent spitting.

Flow of saliva. (A. $\frac{1}{2}$ h.)

Tongue covered with a white fur, and sweetish taste in the mouth in the morning for several days.

Uncommon dryness of the mouth at night.

Loss of appetite in the evening.

Little appetite for dinner, thereafter a fit of nausea.

Frequent eructations of air, immediately after taking the substance, and returning for many days in the morning with an empty stomach.

After eating, frequent eructations of the food.

Rancid sour eructations in the evening.

Hiccup. (A. $\frac{1}{2}$ h.)

Biting pain in the palate and throat, whilst expressing the juice.

Shooting pains in the soft palate.

Biting dragging pain in the palate. (3d day.)

Burning sensation in the throat.

An attack of nausea, whilst squeezing the herb.

Nausea, especially after midnight.

Sickness, returning periodically in the morning.

Shooting pain in the tonsils.

Swelling of the tonsils, with transient darting pains in them. (2d day, evening.)

Heartburn.

Sensation of constriction in the throat, frequently occurring in the morning, when fasting; increased by eating bread.

Rawness in the throat. (Idem.)

Choking in the throat. (At night.)

Tension in the pit of the stomach, whilst expressing the juice.

Pressure and sensation of fulness in the pit of the stomach; is increased on pressure from without; worst in the morning.

Painful shootings in the pit of the stomach.

Soreness and burning feeling behind the ensiform cartilage.

Oppressive sensation of fulness in the stomach.

Feeling as of a cord round the stomach.

Rumbling and griping in the belly. (Idem.)

Cutting pain in the bowels. (2d day, at night.)

Twisting pressure behind the navel. (At night.)

Pricking as with a pin behind the navel, especially in the morning, for several days.

External soreness of the belly.

Shooting pains in the region of the liver.

Under the right false ribs, a continual pressure as of a blunt instrument, increased by a deep inspiration.

Painful prickings in the region of the gall-bladder.

Whilst walking in the open air, sudden severe spasms in the lumbar region, taking away the breath.

Extensive darting pain in the region of the spleen, increased by a full breath.

Continued pressure in the right lumbar region.

Pressing pain in the flanks.

Tickling burning pain in the anus.

Retarded motion of the bowels. (From 2 drops.)

Three watery stools, following each other in quick succession.
(A. 5 h. from 4 drops.)

Frequent watery evacuations the same day.

For three or four days, very fœtid stools, nearly entirely fluid.

Frequent calls to stool; with liquid evacuations; for several days a frequently occurring feeling as if diarrhœa was commencing, and yet a perfectly natural evacuation followed.

Sudden shooting pain in the front part of the glans penis.

Dragging pains of the penis.

Biting pains in the scrotum.

Pollution without pleasurable dreams after midnight.

* * *

Frequent sneezing on squeezing out the juice.

Uncommonly copious secretion of a watery mucus from the nose (from the vapour of the juice).

Dry short cough, seldom, and without exertion.

Respiration oppressed and deep. (A. 7 h.)

Sensation of great exhaustion in the chest, for several days.

The chest feels as if bruised. (Evening.)

Spasmodic pressure on the chest, lasting all day.

Sensation of weariness and bruised pain of the whole of the chest, returning periodically for several evenings.

Frequent involuntary sighing.

Frequent, but slight, shooting pains in the right breast. (A. 2 h.)

Painful dartings in the right breast, not increased on inspiration.

Continued dull shooting pain in the left breast, and under the false ribs.

Shooting pains in the region of the heart.

Severe twisting pain in the breast, behind the right nipple, several evenings in succession.

Shooting twisting pain in the region of the heart, impeding respiration at night.

Very severe, continued gnawing behind the lower part of the sternum, taking away the breath. (3d day, evening).

Extensive frequent darting pains behind the ensiform cartilage, over a space about as large as the hand. (1st day, early.)

Continued prickings in the skin of the lower part of the neck.

Great tenderness of the parietes of the chest.

Painful dragging in the pectoral muscles.

Frequent shooting pains in the pectoral muscles.

Itching shooting pain in the right nipple.

Acute twisting pain round the left nipple.

External soreness of the sternum; pressure on the bone causes painful dartings through the chest.

Pricking and sensation as of insects crawling on the breast and back.

Bruised pain in the back.

Paralytic pain in the back. (A. 6 h.)

Pressing pain between the scapulæ.

Dragging on the right shoulder.

Pricking pain in the left shoulder.

Compressing dragging pain in the scapulæ.

Darting itching pain on one spot of the arm.

Paralyzed dragging pain in the fore-arm. (Idem.)

Prickings in the fore-arm.

Long-continued boring darting pain along the whole left fore-arm, into the end of the forefinger, and worst in this situation.

Lancinating burning pain in one part of the fore-arm.

Gnawing in the right elbow-joint.

Darting pain through the elbow.

Frequent shooting pains on the back of the head.

Continued gnawing in the palm of the left hand. (4th and 6th day, evening.)

- Transient dragging darting pains in the ball of the right hand.
- Dragging pressing pain in the metacarpal bone of the thumb.
- Burning of the skin of the finger, from the contact of the juice.
- Swelling of the finger. (2d day, early.)
- Tickling sensation in the skin between the fingers. (Idem, 8 a. 7 h. evening.)
- Slight itching in the skin between the fingers of the right hand. (3d day, evening.)
- Pressing pain in the middle finger of the right hand.
- A violent long shooting pain between the middle and fore-fingers of the left hand. (5th day, evening.)
- Gnawing and boring in the bones of the right finger joints. (A. 7 h.)
- Darting spasms in the bones of the left fore-finger.
- Gnawing pain in the last joint of the left ring finger.
- Lancinating boring pain in the last joint of the fore-finger. (4th day.)
- Momentary darting pains in the points of the fore and ring fingers, with gnawing in the bones.
- Dragging gnawing pressure in the right side of the crown of the head.
- Itching in the under half of the thigh, not relieved by scratching. (Evening.)
- Biting pain in the knee-joint.
- Gnawing boring pain in the right knee.
- Painful pressing and dragging along the leg.
- Lancinating burning in one part of the right calf.
- Twitchings in the muscles of the right calf.
- Gnawing in the outer ankle of the right foot.
- Pricking pain in dorsum of the right foot.
- Itching darting pain in the dorsum of the left foot.
- Darting boring pain in the ball of the right foot.
- Gnawing in the ball of the left foot.
- Gnawing pains in the left heel. (5th day.)
- Itching darting pain in the right heel.
- Gnawing in the ball of the right great toe.
- Soreness and shooting pains in a corn on the ball of the right foot.
- Intolerable burning in a corn. (6th day.)

Shooting boring pains along the sole of the right foot.

Itching pains in the soles of the feet.

Sudden shooting pains, recurring at short intervals, in the front part of the right great toe, as if a needle were pushed deep in; the pain forces him to call out. (A. 1 h.)

Sudden shooting pains in the right great toe, changing into burning. (A. 10 h.)

Boring and gnawing in the right great toe.

Creeping and twitching in the left great toe. (A. 7 h.)

Itching shooting pain in the left toes.

Intolerable itching and prickling in the feet.

Itching, biting, gnawing, boring, in different parts of the body, sometimes in one place, sometimes in another, especially towards evening.

The first night no sleep from three o'clock, with anxiety, uncommon weariness, with inactive unconscious dosing; the limbs feel as if bruised. In the morning mental fatigue; is incapable of fixing his thoughts on any object.

Wakens in the morning with great thirst and heat of body.

After midnight a sort of half slumber, with terrible dreams about corpses, snakes, battles, &c.; continual tossing about in bed.

Very restless sleep after midnight, for several successive nights.

He lay all night half asleep, half awake, with imperfect suspension of consciousness; in the morning not at all sleepy.

The third, fourth, and fifth nights, he arose after midnight, felt quite wide awake, and it was long before he can sleep again.

In the evening, on coming out of the open air into the room, heat of the head and face.

Fever: he awakes many successive nights after midnight, with heat over the whole body, and great thirst; the pulse at the same time full, compressible, accelerated, beats 80 in a minute; thereafter perspiration over the whole body, especially on the forehead.

Dry skin, and dryness of the mouth, without thirst. (At night, a. 16 h.)

Chilliness whilst eating. (A. 6 h.)

Laziness, unwillingness to engage in any mental exertion. (Early.)

Sad melancholy humour. (Evening.)

PROVING OF LEAD AND ITS SALTS, COLLECTED FROM VARIOUS SOURCES.

By FRANCIS BLACK, M.D.

Chemical Remarks.—Lead is rarely found in a pure state. Its most abundant ores are sulphurets; but it is found also combined with oxygen, and in a saline form. All the lead of commerce is procured from *galena*, a sulphuret found very generally in England, Savoy, Spain, &c. Metallic lead is soft and flexible, inelastic, but malleable and ductile; of a bluish-grey colour. Its specific gravity is 11.381. The surface, from exposure to the air, is generally covered with a white efflorescence, which is carbonate of lead. It fuses at 612° ; it may be heated to whiteness in close vessels without subliming; and when slowly cooled, it crystallizes in octohedrons. It is quickly oxydized at high temperatures. In distilled water it undergoes no change; but when placed partly in air, partly in water, in open vessels, it is quickly oxydized at the point of contact of the air and the water, and carbonate of lead is formed. It unites with oxygen in various proportions; also with sulphur, phosphorus, and iodine; in the state of the protoxide, it forms with acids various salts.

The preparations of lead, which have been used in homœopathic practice, are metallic lead, carbonate, and acetate of lead. Jahr, in his pharmacology, gives a preference to metallic lead, but we are inclined to recommend the use of the acetate and carbonate from the circumstance, that these are the salts which have been principally used in the proving of this metal, and that from which we have been enabled to procure the majority of symptoms.

In addition to these, we would recommend the employment of a deutoxide of lead, the red oxide *minium*, especially when lead is indicated in arthralgic pains, this oxide producing these trains of symptoms more readily than any other preparation of lead.

Mode of preparing Plumbum Metallicum.—The lead of commerce being dissolved in nitric acid, a sufficient quantity of water is added, and into this solution a bar of zinc is plunged, round which the lead is precipitated and crystallizes in an arborescent form. A grain of this powder is triturated with sugar of milk in the ordinary manner.

Mode of preparing Plumbum Aceticum.—By frequent solution and crystallization of acetate of lead, care must be taken that the acetate is not adulterated with nitrate of lead, or acetate of lime.

Mode of preparing Minium.—Berzelius recommends the following process:—Take the oxide of lead reduced to a fine powder by trituration and levigation, heat it in a furnace to incipient redness, then exclude the air, and allow the oxide to cool along with the furnace, the fuel being withdrawn. Cooled to a certain point the oxide of lead oxydizes itself at the expense of the air; but it is necessary that the cooling of the furnace be effected slowly, so that the requisite temperature is maintained during the time necessary for the complete conversion of the oxide of lead into minium. A grain of this is triturated in the ordinary manner.

General Action.—The action of lead upon the human economy varies according to the dose and rapidity with which it is introduced into the system, large doses of the soluble salts producing irritation and inflammation of the stomach and intestines. That this is a special, and not a purely local effect of lead, is proved by the experiments of M. Gaspard and Dr Campbell (*Journal de Physiologie*, i. 284), which shew its action upon the alimentary canal, even when applied to a wound, or introduced into the blood. Campbell found the stomach corrugated and red, and the smaller intestines also vascular, while Gaspard not only observed analogous appearances after death, but even also witnessed all the symptoms of violent dysentery during life. But it is from small doses gradually administered, especially in those exposed to the emanations and vapours of lead, that the peculiar symptoms of lead are developed. It has generally been supposed that metallic lead, even when in minute division, exercises no action upon the body; this statement can be proved to be erroneous both by positive and also by analogical proof. Tanquerel des Planches (tom. i. p. 52) states, that lapidaries and filers of lead types, who are exposed to, and inhale minute particles of metallic lead, are affected with all the trains of symptoms peculiar to the salts of lead. Of the possibility of this, we have analogical proof in the action of metallic gold and platina, when brought into a state of minute division by trituration.

The various preparations of lead introduced or absorbed into the system manifest their action, first, by a train of symptoms which has been called "primary saturnine intoxication."

These symptoms are, discoloration of the teeth and gums; sweetish taste and fetid breath; dirty yellow tint of the skin most marked upon the face; general emaciation, especially of the face; pulse small and wiry, sometimes slow. The most frequent and promptly produced symptoms are discoloration of the teeth, and bluish tint of the gums; then in frequency comes the sweetish taste, the fetid breath, the emaciation, and alterations of the pulse. The order in which these symptoms arise is the same as that of their frequency. These primary symptoms may exist for an hour, or even for years, before the development of any other affection, and an individual may bear traces of them during his lifetime, without any further disease being produced.

After this primary train of symptoms, the action of lead is shewn upon various portions of the nervous system by the production of colic, arthralgia or neuralgia, paralysis, and an affection of the brain, which has been styled encephalopathy. Of these, the colic is the most frequent. Their relative frequency will be shewn by the following table, drawn up by Tanquerel des Planches.

Colic,	1.217 cases.
Arthralgia,.....	0.275 ...
Paralysis,.....	0.127 ...
Encephalopathy,.....	0.072 ...

Of these four affections, three are acute, while the paralysis is generally much more chronic in its course. Out of a hundred individuals placed in apparently the same circumstances and exposed to the action of lead, one will be affected with colic, another with arthralgia, a third with paralysis, and a fourth with encephalopathy. This proves that these trains of symptoms are independent affections, and that they are not, as is generally stated, the consecutive or sympathetic effects of the colic.

Therapeutic uses.—Lead has been used since the days of Hippocrates as a therapeutical agent, but from an ignorance of its pathogenetic action, it has only, with very few exceptions, been employed as an astringent, either externally or internally. The few instances in which it has been employed otherwise, may be brought forward as proofs of the principle *sim. sim. cur.* carried into operation without the knowledge of the physician, who in such cases ascribed to it a sedative or calmative effect. It has been used externally, in the shape of leaden plates, to reduce inordinate venereal appetite.

Pliny quotes Culvius as having used them with that effect. Galen also considers it "optimum remedium at coercendam et delendam libidinem." These beneficial effects, Faber (*Panchymag.*, iv. sect. 7, c. 32, p. 561) and also Meibomius (*Epist. de flag. usu in vener.*, p. 56) notice as having been experienced upon themselves. (See also J. F. Gmelin, *Apparat. Medic.*, i. 390).

Shaw gave the acetate of lead to the extent of 10 grains, Lieutaud in doses of from 1 to 8 grains, in nymphomania; Hufeland has also observed benefit from it in this affection (*Bibl. Méd.*, v. 398); Saxtorph, A. T. Fayermann, &c., have employed it in various nervous diseases. Gardner (*Lond. Med. and Phys. Journ.*, July 1830) recommends it in idiopathic nervous pains, without inflammatory complications, especially in neuralgia of the internal organs. M. Levat-Perotton (*Observ. sur l'emploi médical de l'acétate, et du sous-acétate de plomb, &c., dans quelques névroses du cœur et des organes de la génération, &c. Marseille, 1829, in 8to.*) reports fourteen cases of neuralgia of the heart cured by this remedy, and also cases of hysteria and neuralgia of the genital organs relieved by the acetate of lead. Tunquet de Mayerne gave it in vertigo. It has been beneficially administered in epilepsy by J. Agricola (*Dict. Universel de Mat. Méd.*, iv. p. 394), by Dr Rush (*Philadelphia Med. Museum*, vol. i. and xi., quoted by Coxe, *American Dispensatory*, p. 476), by Dr Eberle, who gave it to children in doses of two grains daily (*Med. Repository*, Feb. 1815, *New York Gaz. de Sante*, 21 Avril 1817); also by Kopp, Saxtorph, and Osterdyk Schaacht. Morgagni (*De Sedibus, &c. Epist. viii. No. 10*) quotes Etmüller as having obtained good results from the acetate, cautiously administered, in melancholia and hysteria; in the latter affection, it has also been beneficially given by Pallas and Saxtorph. Tachenius recommends it in hypochondria. A. T. Fayermann (*Bull. des sc. Méd. de Feb.*, iii. p. 291), Dugas (*Journ. de Chimie Méd.*, iv. 506), and Dr Chatard of Baltimore (*Dict. univer. de Mat. Méd.*, t. v. p. 394), each report an instance of its successful administration in declared hydrophobia. Tachenius and Hoffmeister employed it in dry, convulsive cough. Dr Harlau, of the United States, gave it beneficially in irritability of the digestive organs.

The administration of lead, or its salts, in the above mentioned diseases, with the exception of its employment in increased venereal

ix. *Pathogenetic Action of Lead and its Salts.*

desire, is purely homœopathic, and may therefore afford useful hints to the homœopathist.

Lead has not as yet been much employed by the homœopathic practitioner; we have not, at least, been able to discover many reported cases. It has been given principally in obstinate constipation, especially when attended with colic; Müller has given it in strangulated hernia; Vehsemeyer in ileus; Widnmann in obstinate chronic vomiting, attended with enteralgia; Munneke in paralysis of the lower extremities; Drysdale in chlorosis.

Antidotes to Lead.—Alum., bell., hyos., op., plat., stram., and electricity.

Compare with *alum.*, *bell.*, *chin.*, *con.*, *cupr.*, *fer.*, *hyos.*, *natr. m.*, *nux v.*, *op.*, *phos.*, *plat.*, *ruta.*, *sep.*, *sabad.*, *stram.*, *zinc.*

PATHOGENETIC ACTION OF LEAD AND ITS SALTS.

- 1 *Skin.*—Dirty earthy yellow tint, at first of a pale yellow hue (occurring in workmen exposed to the emanations of lead).*

Loss of the sensibility of the skin (cutaneous anæsthesia), in some cases this exists without loss of sensation of the deeper seated parts. (T. t. ii., p. 203.)†

After long continued palsy the paralyzed parts become atrophied, the skin is whitish pale, of a livid aspect, more frequently yellowish earthy, rough to the touch, dry, as if sunburnt; it seems to have lost its thickness; the epidermis falls off in scales, the skin becomes loose and flabby. (T. t. ii., p. 34.)

* The yellow hue (icterus), the consequence of violent paroxysms of colic, is not to be mistaken for nearly the same yellow discoloration above mentioned, the former being a primary effect of lead, the latter the result of extravasation of bile. This discoloration of the skin, and other tissues, so characteristic of lead, has been styled by some writer (see Trans. of Jahr's Manual) bluish-grey. This mistake has arisen from their confounding the term *teinte plombée* as synonymous with the bluish-grey appearance of metallic lead.

† The contractions used denote,—

T. Tanquerel des Planches. To this author's careful and elaborate treatise we have been much indebted for many symptoms.—*Traité des Maladies de Plomb*, par L. Tanquerel des Planches. Tom. ii., Paris, 1839.

H—T. Hartlaub and Trinks.

Hg. Hering. Ng. A practitioner who experimented and reported his symptoms to Hartlaub.

Tendency of slight wounds to inflame and suppurate. (H.—T.)

Itching of the skin.

Sleep.—Great sleeplessness.

Though the pains are very slight, there is excessive wakefulness. (T.)

Even sometimes when the pains and other symptoms have ceased, there remains a continued obstinate sleeplessness, lasting many days. (T. t. i., p. 254.)

Sleeplessness lasting for twenty days.

- 10 Sleep much disturbed by dreams, sometimes pleasant, sometimes anxious.

Awakening early in the morning (4 o'clock) the hands, feet, and legs, especially the calves, feel as if fatigued, disappearing after getting up (for 3 days. Ng.)

In rising from bed early in the morning, sensation in the hands and bones of weakness and faintness to such a degree, that she could not walk but with exertion, and placed herself like a child learning to walk; disappeared gradually. (Ng.)

Frequent yawning. (H.—T.)

Fever and Pulse.—Temperature of the skin in general normal, rarely when uncomplicated with inflammation is the temperature raised.

Complains of intense cold, while the skin when felt is warm, and *vice versa* (during the attacks of colic. T.)

General sensation of cold, not followed by heat (Orfila). Increase of temperature with moist skin.

Copious sweats.

Chilliness from the morning until the afternoon, (Hg.)

- 20 Chilliness towards evening, even when close to the fire; the head is affected and giddy, thirst, redness of the face, and soft frequent pulse above 100.

In bed extreme heat, with internal coldness; lastly, the heat increased, the skin, hot and dry, and pulse still frequent, without thirst; after midnight the skin became gradually moist till it was covered with perspiration, chiefly of chest, abdomen, and head. In two hours, sleep with confused dreams; next morning the tongue was a little furred, head affected, countenance pale, and in walking, each step was attended by a stitch through the head from below upwards. (This attack returned after ten weeks. Hg.)

Pulse not quick even during severe colic pains. (Bernt.)

Pulse normal, slow, full, hard, irregular. (T.)

Quick small intermitting pulse. (Brambilla.)

He feels the pulsation in the head, hands, and feet more distinctly after dinner. (Fs.)

Moral Symptoms.—Melancholy and dejection; great anguish, and depression of spirits.

Extreme anxiety.

Indisposition to labour and conversation.

Weakness of memory. (T.)

- 30 After patients have suffered a long time, for weeks, for months, they become very melancholy, and desire to die; the mind becomes much weakened, and takes on the expression of a maniac or of an idiot. (T.)*

Head.—Dull heavy pain in the forehead. (H.—T.)

Heaviness in the whole head, especially in the occiput, also slight pricking pains in the forehead. (Hg.)

Pressure under the skull as if from congestion of blood. (H.—T.)

Sensation of pressure from the back of the head to the forehead, as if the eyelids were about to be closed. (Hg.)

Headache, as if caused by a ball mounting from the throat into the brain. (H.—T.)

The top of head is affected with tearing pains, coming like those of the face in violent accessions; relieved a little by pressure: the pains are so violent that the patient shrieks. (In a house-painter. T. t. ii., p. 538.)

Lancinating, continuous exacerbating pains in the temples, diminished by pressure, not affected by movement. (T. t. ii., p. 528.)

The pained parts are neither swollen nor red. (T.)

Throbbing, pricking, and tearing pain in the right temporal region. (Hg.)

- 40 Tearing and pricking pain in the forehead. (Hg.)

The hairs of the head become greasy, the more marked as they were previously dry. (H.—T.)

Cerebral affection appearing sometimes suddenly, sometimes

* For additional symptoms, see *Head*.

preceded by confused, dull, heavy look, noise in the ears, amaurosis, &c. (T.)

Attack coming on principally in the evening.

Cerebral affection appearing in four different forms, delirium, coma, convulsions, and with a complication of all the three. (T.)

Tranquil delirium.

Astonished stupid look—patient appears as if extatic; risus sardonius: the patient has a sad, melancholy look, and weeps. Patient gives no satisfactory answer as to the state of his expression.

In a few hours the patient will present all these shades of expression. (T.)

Wandering in his speech, sometimes coherent, then suddenly changes. (T.)

50 Alternately gay or sad, loquacious or silent. He moves his arms in all directions, will not lie in bed, desiring to lie in his neighbour's bed; upon being ordered goes quietly to bed. (T.)

Occasionally accompanied with trembling of the face and arms, and stammering. (T.)

Furious delirium.

Eyes staring, menacing, and furious; the features contracted; general exultation of all the patient's acts; screams, stamps, tears every thing to pieces; can with difficulty be controlled; attempting to restrain him increases his fury. (T.)

Spasmodic contraction of the muscles of the face; distortion of the eyes; grinding of the teeth. (T.)

Constant muttering or rather chattering. (T.)

Conversation consisting of incoherent ideas and words. (T.)

This furious and tranquil delirium reach soon their greatest intensity: sometimes last for days, and not distinctly marked. It then consists in an illusion of the external senses and incoherence of ideas, which produce a singular confusion of names, persons, and places. These symptoms of aberration, which are attended with trembling of the limbs, and a rapid abrupt speech, are separated by lucid moments, during which the patient corrects his previously incoherent ideas. Gradually these intervals diminish, and general delirium sets in. (T.)

Whenever the delirium is completely developed, it proceeds

with incredible irregularity ; it is aggravated, it diminishes from one moment to another without any order, sometimes attended with regular remissions. These two kinds of delirium succeed each other irregularly ; sometimes exist singly. (T.)

- 60 The delirium tranquil during the day, furious at night.

After long continuance of delirium, the mouth and tongue presents the appearance as in severe typhus fever. (T.)

Coma. (T.)

The patient is motionless, the eyes closed or half closed,—occasional snoring as if in a sound sleep ; from time to time low groans, cannot be made speak ; when violently shaken wakens for a moment, then again becomes comatose. (T.)

The pupils are dilated, sometimes closed.

Sensibility and mobility are dormant, but not destroyed. (T.)

Occasional movement of the lips as if smoking a pipe. (T.)

Coma attended with slight delirium. (T.)

Partial and general convulsions presenting the epileptic, tetanic, or cataleptic characters. (T.)

The intellect more or less disturbed.

During the convulsions the pulse is natural. (T.)

- 70 The saturnine cerebral affection (*encephalopathie saturnine*) followed by rapid emaciation. (T.)

Eyes.—Heaviness and pressure on the eyes ; sensation as if the eyeballs were too large. (H.—T.)

Burning in the right eye as if from snuff. (Ng.)

Inflammation of the eyes ? (Thunberg.)

Violent closure of the eyelids. (A. v. Brambilla, p. 221.)

Paralysis of the eyelids. (H.—T.)

Dirty yellowish tint of the conjunctiva, which is conjoined most generally with a well marked bluish colour of this membrane. (T.)

Spasmodic contraction of the pupil, then it becomes dilated and immoveable, so that it does not contract upon any ordinary cause. (Haase, p. 107.)

Increased myopia. (Ng.)

Slight strabismus. (T.)

- 80 Blindness, black spots before the eyes. (Häase.)

Amaurosis. (De Haen. *Rat. medendi continuat.*, t. iii. v. i. p. 403. Hecker, Jahn. Richter., Th. Volpi, p. 76.)

Amaurosis *always* of both eyes. (T. t. ii. p. 212.)

Almost always the amaurosis appears suddenly; sometimes it is preceded by frontal headache. In a few hours the patient cannot discern night from day. (T.)

The amaurosis lasts from a few hours to 4 or 6 days, and then generally disappears suddenly. Cases in which it has lasted months, and even years. (T. p. 212, t. ii.)

When amaurosis is complete, it is accompanied with considerable dilatation of the pupil, and absolute immobility of the iris, which cannot be overcome by the strongest light. (T.)

When amaurosis is incomplete, objects are seen as through a mist, appear sometimes white, the iris moderately active. (T.)

Amaurosis generally complete. (T.)

The interior depth of the eye is black.

Diplopia. (Andral.)

He sees only half of the objects he regards (in a painter, disappeared along with the colic. Rognetta, *Revue Méd.*, t. iv., p. 32.)

- 90 Sees objects cut in two, sees only one-half, or only the centre of it. On reading, distinguishes the letters at the commencement and termination, but not in the middle of the word. (T. t. ii. p. 215.)

The lachrymal secretion sometimes remarkably increased, although the eye is otherwise healthy. (With paralysis of other parts. T. t. ii., p. 36.)

Ears.—Tearing in the ears; boring and shooting. (H.—T.)

Frequent dulness of hearing in the evening. (Ng.)

Loss of hearing. (Th. Volpi, p. 78. Haase, p. 107.)

Loss of hearing, but attendant upon otalgia. (T. t. ii. p. 225.)

Nose.—Epistaxis (in 13 cases of colic, unattended by relief. T.)

Itching, tearing in the nostrils; obstruction of the nostrils, sneezing. (Ng.)

Coryza with thin discharge. (Ng.)

Erysipelatous inflammation of the nose. (Hg.)

- 100 Disagreeable smell in the nose. (Jahn. p. 312, from large doses.)

Loss of smell. (Ramazzini, pt. ix., p. 51.)

Face.—Of a greyish dirty yellow colour, this colour more marked upon the face than on any other part of the body. (T.)

Pale and cachectic appearance.

Great emaciation of the face, which becomes wrinkled, giving often an appearance of sadness. (T.)

After weeks of suffering, the patient's face assumes the appearance of an idiot or a maniac. (T.)

Paleness and puffiness of the face. (In a woman from the use of acet. of lead for hemoptysis.) (H.—T.)

Tearing pain in the left lower jaw, upwards to the left ear, disappearing upon friction, and sometimes appearing in another part. (Ng.)

Tearing, shooting, and screwing pain in the angle of the jaw, lasting for a long time. (Ng.)

Sharp drawing pain in the right ala of the nose, and in the upper lip.

110 Shooting pain in various parts of the face. (H.—T.)

The skin of the face is greasy to the touch and appearance. (Hg.)

Falling out of the hairs from the eyebrows, and moustaches. (H.—T)

Mouth.—The margins of the gums of a bluish slaty tint, the rest of the gums a light reddish blue tint, but gradually lost in the ordinary colour of the mucous membrane of the mouth. (T.)

Occasionally whole mouth of a bluish tint. (T.)

Retraction of the gums; thinning of the gums. (T.)

Occasional congestion of the gums; bleed when touched.

Brownish coating of the teeth, especially at their crowns.

(T. coating owing to deposition of sulphuret of lead.)

Carious teeth, teeth break easily.

Toothache in the sound teeth as if after eating sour fruit. (Palais.)

Tearing, jerking pains in the teeth, aggravated by taking cold things. (H.—T.)

120 Grinding of the teeth at night, with frequent wakening. (H.—T.)

Trismus, locked-jaw. (Schmidts, p. 94; Journ. Universel, xx. p. 351.)

Sweetish styptic astringent taste; fetid and styptic. (T.)

Breath foetid; so characteristic as to be styled *saturnine*.

(T.)

Slight increase of salivation. (H.—T.)*

Hawking up of a sourish sputa. (Thornberg.)

Bluish sourish sputa. (Jahn. p. 312, from large doses.)

Thick sweetish slimy sputa in the mouth, with dryness behind the gums, and in the throat, which disappears after swallowing the sputa. (Hg.)

Tongue moist, reddish at the point and margins, covered with a slight white coating, yellow in the middle and at the base. (T.)

Tongue occasionally swollen, red, dry, and large. (T. Mérat, Louis, Grisolle.)

130 Impeded speech, heaviness of the tongue. (T. Sennert, p. 61.)

Partial paralysis of the tongue, and the lips producing stammering. (T.)

The saliva retained with difficulty in the mouth, owing to the partial paralysis. (T.)

Throat.—Constriction in the throat, difficulty of swallowing (T.)

Sensation of a foreign body in the throat—sensation as if a ball were mounting from the thorax into the throat. (T. H.—T.)

Globus hystericus. (M. Stoll, p. 309.)

Sensation of a foreign body in the throat, exciting sneezing; on deglutition it is felt lower, but soon returns; often disappears of itself; lasts the whole forenoon; is not painful. (Ng.)

Sensation as if an insect was creeping in the œsophagus. (H.—T.)

Patient tormented by thirst, desires to drink, but dares not, because he experiences a sensation of suffocation as soon as he has swallowed any liquid. (T.)

Palsy of the muscles of deglutition. (Schmidt, p. 69.)

140 An almost paralytic state of the muscles of deglutition. (Hecker.)

Stomach.—Empty risings, eructations.

* Tanquerel des Planches states, that he has never observed a super-secretion of saliva, salivation, or ptyalism, unless complicated with stomatitis, p. 217.

The frequent eructations cause great fatigue. (T.)

From time to time a painful sensation from the epigastrium to the throat, accompanied with eructations of wind; sometimes nausea and vomiting precede or follow it. (T.)

Excessively frequent empty risings, leaving a sweetish taste in the mouth. (Orfila. T.)

The gas eructed of a bitter fetid smell and taste.

Empty eructations and pyrosis. (Ng.)

Hiccough accompanied with vomiting, eructations, and colic. (T.)

Nausea, attended with great sensation of fatigue; pressure upwards from the abdomen increases the nausea. (T.)

Vomiting accompanied with colic in the epigastric region; occurring generally during the remissions of pain. (T.)

150 Difficult vomiting attended with great anxiety.

Incessant inclination to vomit.

Vomiting accompanied with colic.

Vomiting of fecal matter, with colic and constipation. (H.—T.)

The matter vomited is of a greenish colour, viscous, very fetid odour, *sui generis*, extremely bitter, copper taste. (Orfila. T.)

After vomiting, a quantity of bile is ejected, at first clear, then very thick, terminated by sanguineous matter, mucus streaked with blood. (T. t. i., p. 213.)

Vomiting, burning and pricking pain in the throat, gullet, and stomach, with subsequently trifling colic. (From $\frac{1}{4}$ of an ounce of acet. of lead. Christison.)

Occasionally violent pulsations of the aorta felt in the epigastrium, and sometimes prolonged to the umbilicus. (T.)

Inflammation of the stomach. (T. H.—T. Orfila.)

Abdomen.—Great accumulation of gas in the digestive tube, producing moveable tumours in the abdomen. (T.)

160 Gas discharged almost entirely by the mouth. (T.)

Borborygmi in various parts of the abdomen, especially in the right iliac fossa. (T.)

During the remissions of pain, the gas circulates with great rapidity through the intestines, accompanied with a species of gurgling noise. (T.)

Painful sense of distension, relieved by discharge of wind. (T.)

Violent colicky pains, situated generally in the umbilical region, but often in the epigastric and hypogastric regions, more rarely in the renal and hypochondriac regions, the loins, iliac fossa, testicles, anus, and thorax. (T.)

Pain generally springing from the umbilicus. (T.)

Violent twisting pain, less generally shooting, tearing, burning pain. (T.)

The pain is so violent, that the patient is thrown into the greatest agitation, shrieks, groans, is in constant agitation, shifts from one position to another in order to relieve the pain, the hands forcibly pressed against the abdomen. (T.)

Pain generally relieved by gradual and steadily increased pressure; in some rare cases slightly increased. (T.)

Pressure seems to give such relief, that the patient binds himself with cords, &c.; or, as in some cases, gets his comrades to stand upon his abdomen. (T. Orfila. Mérat, Fernel.)

170 The pain remits, the interval of remission varying from a few seconds to hours, and even whole days. (T.)

During the remission, a sensation of contraction, of pinching. (T.)

The intervals of remission irregular. (T.)

Pains generally worst during the night. (T.)

Umbilical Colic.—Depression of this region, with hardness of the corresponding parietes, constipation, nausea, but rarely vomiting; when this exists it is slight. (T.)

Epigastric Colic.—Pain, depression, and hardness of the epigastrium, nausea, frequent and abundant vomiting, anorexia, and thirst; pulsation of the aorta in the epigastrium; dyspnoea, and other functional alterations of the respiratory organs. In some cases jaundice, if pain extend to the hypochondrium. (T.)

Hypogastric Colic.—Pain, depression, and tension of the hypogastrium, difficulty of emitting urine, tenesmus of the bladder; pain and spasmodic movements towards the genital organs. (T.)

Enteritis. (T. H.—T. Rare.)

Dysentery. (T. Rare.)

Anus and Fæces.—Obstinate constipation.

Constipation in general for several days. (T.)

- 180 Suppression of fecal matter during two weeks. (T. t. 1, p. 203.)

Frequent and fruitless efforts to evacuate, causing great fatigue. (T.)

Violent efforts to evacuate, producing hæmorrhoids. (Wilson, on the workmen at Leadhills.)

Knotty fœces, passed with much pain and straining. Hard, dry, yellow or black evacuations, *scybolæ*. (T.)

Diarrhœa. (T.)

Long continued diarrhœa, generally of a yellow excrement, or else painful and very offensive. (H.—T.)

Tenesmus. (T.)

Retraction of the anus during the accessions of colic. (T.)

Violent retraction of the rectum, similar to *cramps*. (T.)

The introduction of the finger into the anus gives relief, provokes desire to go to stool, and the evacuation of gas. (T.)

Urinary Organs.—Desire to urinate, fruitless efforts, or the urine passed drop by drop.

Frequently itching, and great heat in the urethra either before, during, or after the emission of urine. (T.)

- 190 Sharp pains relieved by pressure, shooting from the renal region to the bladder. (T.)

Painful sense of constriction towards the neck of the bladder, difficulty of introducing a sound into the bladder.

When the paroxysm of pain has subsided, the sound is easily introduced, and without pain; attempting to introduce the sound during the accession, causes great increase of the pain.

If the patient urinates at the moment of the accession of the vesical pains, the stream of urine is suddenly interrupted, the penis becomes small and retracted. (T.)

The patient experiences a sensation as if the penis were tied at its root or along its course with a cord. (Attributed by Stoll and Dance to sudden contraction of the urethra.)

Complete retention of urine; the catheter could not be introduced for three days. (Desbois de Rochefort.)

Genital Organs and Mammæ.—Pains causing a sensation of dragging, laceration, or of contraction in the testes, spermatic cord, penis, uterus, vagina, and mammæ. (T.)

Pain in the testicles, relieved by compression.

Retraction of the penis, as if hid in the scrotum ; the scrotum becomes contracted, and then relaxes during the remission of the pain.* (T.)

The sexual appetite seems destroyed, no erections or emissions of semen during the most violent accessions of pain, when the testes are strongly drawn towards the inguinal ring. (T.)

Extinction of sexual desire. (Faber, p. 32.)

200 Employed in the shape of a leaden girdle, as an anti-aphrodisiac, by Avicenna, Amatus Lusitanus, A. Paré, Jonston, Ettmüller, especially in nocturnal pollutions. (T. F. Gmelin,) *Apparat. Medic.*, i. 390.)

Disturbance of the catamenia. (Fothergill.)

Temporary suppression of the menses. (T., in three cases.)

Sharp stitches in and below the mammæ of the female, for one hour early in bed, disappearing after getting up. (Ng.)

Stitches deep in the female breast.

Painful sensation of contraction in one or both of the female breasts, attended for the time being with hardness of the breast. (T., Stoll.)

Respiratory Organs and Heart.—Sensation, as if the trachea were drawn together with cords. (H.—T.)

Roughness in the throat ; rough, hoarse voice. (H.—T.)

Dryish phlegm at the top of the trachea, expectorated with difficulty, attended with wheezing in the chest during inspiration. (H.—T.)

The voice loses a great degree of the intensity of its timbre, it is as if choked, most marked when the colic is violent. (T.)

* H.—T. report the following symptoms :—" Violent inflammatory swelling of the penis and scrotum, with violent inflammatory fever, dysuria, costiveness, delirium, and, on the 9th day, burning of these parts, and on the 10th death."—(From external use of Goulard's solution for gonorrhœa and phimosis.)—Such effects are more justly to be attributed to the action of an irritant increasing the inflammation of an already inflamed part, and not to the specific effect of lead. In confirmation of this, Tanquerel (T. i. p. 222) states, that he has never observed redness or swelling in the pained testes. Also, in a case (T. t. i. 462) where Goulard's solution was injected into the vagina to arrest menorrhagia and to such an extent as to produce colic and arthralgia ; still upon inspection with the speculum, there was no inflammation of the vagina or uterus to be observed.

- 210 Remittent, temporary aphonia, coming on with the accessions of colic. (T.)

Aphonia permanent.

Aphonia, which can only be attributed to the paralysis of the interior muscles of the larynx. (T. t. ii. p. 63.)

Voice interrupted by cries, stifled, breathless. Patient dares not to speak, or, if so, in a low voice, from a dread of bringing on the pains. (T.)

Inability to speak. (Hohnbaum.)

Difficult breathing, with anxiety. (H.—T.)

Difficult breathing which compelled him to leap out of bed at night, and to open the windows in order to get fresh air. (Etmüller.)

Difficulty of respiration coming on in fits. (T.)

The respiration suddenly cut short.

- 220 During accessions of colic, breathing very hurried; even to 60-70 inspirations in the minute. (T.)

The respiratory movements not only hurried, but incomplete, painful, gasping, and noisy; the patient complains of sensation of choking and even of suffocation. (T.)

Dyspnœa attributed to convulsion of diaphragm. (Ilsmann.)

Number of inspirations in the minute 12; patient retains his breath to relieve the pain. (T.)

Green, tough expectoration. (Hg.)

Hemoptysis. (Jahn, from large doses, p. 312.)

Short, dry, nervous, fatiguing cough.

Laboured movement of chest, and diaphragm.

Sensation of lightness and constriction in the precordial region, and round the chest. (T.)

Anxious uneasy feeling about the heart. (hg.)

- 230 Anxiety at the heart with cold sweats. (H.—T.)

Oppression and palpitation of the heart, with anxiety (H.—T.)

Cramp in the organs of respiration. Haase, p. 107.)

Stitches in various parts of the chest and shoulders.

Pain in the left anterior and posterior parts of chest, as if from pressing against something, increased by laughing, or a deep inspiration. (H.—T.)

Stitches extending from the left breast to the left arm, and between the scapulæ, disappearing suddenly. (H.—T.)

Dull pressive stitches in the left breast independent of respiration, recurring at intervals. (Hg.)

Violent acute pain mounting from the epigastrium into the chest, extending along the internal face of the upper extremities; the patient is a prey to the keenest agitation, and cruel anxiety; he sits in bed suffering from violent palpitation of the heart, and sensation of suffocation which even advances to syncope. (T.)

Symptoms resembling *angina pectoris*. (Desbois de Rochefort, Andral, Olliviers d'Angers, T.)

- 240 The anterior and lateral parts of the chest are the seat of violent lancinating pains, attended with sensation of constriction; the chest cannot be dilated owing to the pain. (T.)

Paralysis of the intercostal muscles. (T.)

Trunk.—Tearing contusive pains in the loins, in the back, and between the shoulder-blades. (H.—T.)

Pains limited to the renal region (*in the kidneys attendant upon the colic*), or extending along the course of the ureters towards the bladder, with diminution or suppression of urine; the patient can sit, or bend forwards without increasing the pain. (T. 1., p. 240.)

Pain affecting the muscles of the back and lumbar region but increased by motion, and unattended with disorder of the urinary organs. (T.)

Tension in the nape of the neck, extending into the ear on moving the head. (H.—T.)

Violent pains in the neck, attended with *torticolis*. (T.)

Paralysis of the pectoral and great dorsal muscles. (T.)

Paralysis of the sterno-cleido-mastoidean muscle of the left side. (T. t. ii, p. 61. Rare.)

Tearing, shooting pain along the course of the spinal column. (Olliviers d'Angers; doubted by T., Andral, and Desbois.)

- 250 *Superior Extremities*.*—Sensation of fatigue of weight in

* As the paralytic effects of lead are most generally manifested in the superior extremities and the arthralgic in the inferior, we have to avoid repetition enumerated the general characters of the arthralgic symptoms under *lower extremities*, those of paralysis under *superior extremities*.

the paralyzed parts, and principally in the articulations situated in the passage of the affected muscles; sensation as if a heavy weight were attached to the limbs. (T.)

Extreme feeling of cold in the affected parts, the least current of air increases the cold. (T.)

Pearlysis affecting generally the superior extremities, and especially the extensor muscles. (T.)

Sometimes the paralysis exists to the same degree in two similar limbs, and affects the same muscles; at other times the disease occupies only a single extremity, the others being healthy. The two limbs may be affected with paralysis in different degrees, and the loss of motion may occupy different muscles of each side, or an unequal number. (T. t. ii. p. 31.)

Deformity of the affected parts. (T.)

Paralysis commencing in slight numbness of the parts, and trembling, terminating in loss of motion and trophy.

Sensation rarely affected (except in *skin*).

Amaurosis and deafness very rarely combined with paralysis of motion. (T. t. ii. p. 33.)

The trembling (*tremblotement*, ^{saturnine}) consists rather in a slight agitation of the muscles than in the apparent alternative contraction and expansion of these parts. (T.)

Trembling attended with extreme weakness of the muscles. (T.)

260 Trembling when it lasts long terminates in complete paralysis of one or more of the muscles in which it has been seated. (T.)

After long continuance of paralysis the affected parts become flaccid and atrophied. (T.)

When the partial emaciation or atrophy is arrived at the last degree of marasmus, the skin seems glued to the bones; the paralyzed parts are so atrophied that the eminences of the bones can be easily distinguished; if the paralysis affects a whole limb, then this organ, left to its own weight, drags the ligaments which yield, elongate, and permit the head of the bone to start from the socket. (T.)

The atrophy becomes general, the patient resembles a walking skeleton.

Upon this extreme emaciation supervene partial or general infiltration of the limbs, upon which soon appear large eschars and gangrenous patches. (T.)

Diarrhœa and copious expectoration are established. (T.)

The paralyzed parts are often covered in the morning with copious viscous perspiration.

General paralysis of the superior extremities. (T.)

Paralysis of the shoulder. (T.)

Paralysis of the arm, fore-arm, wrist, and fingers. (T.)

270 Paralysis of the fore-arm, wrist, and fingers. (T.)

Paralysis of the wrist and fingers. (T.)

Paralysis of the wrist. (T.)

Paralysis of the fingers. (T.)

Inferior Extremities.—Arthralgic pains preceded by heaviness and lassitude of the parts about to be affected. (T.)

Pains affecting principally the flexor muscles, as the groin, the posterior part of the thigh, the ham, the calf of the leg, and sole of the foot. (T.)

Pains tearing, contusive; or violent shooting, lancinating, coming-in shocks. (T.)

Occasionally pain referred to that like a burning coal; sensation as if boiling liquid flowed through the veins. (T.)

Sensation of icy coldness. (T.)

Attack commences generally during the night. (T.)

280 Pains worst during the night. (T., Stoll, Desbois, Mérat.)

Pain comes in paroxysms.

During the paroxysms, the pain is violent, the patient is a prey to the greatest agitation, the features pinched, sobs, cries aloud, continually changes position, pushes his limbs out of bed, applies them to a cold body, compresses with his hands the affected parts. In a few minutes the pain abates but does not disappear. (T.)

During the remission complains of numbness, formication, fatigue and sensation of constriction, or as if affected parts were broken. (T. t. i. p. 506.)

The least cause excites the pain. (T.)

No redness, heat, or swelling of affected parts. (T.)

The pain does not seem to follow the course of any of the nerves. (T.)

Pains attended with cramps, and violent contractions of the muscles; limbs extended with difficulty; patient cannot stand or walk but with difficulty. (T.)

Pain presents very various characters in the same case, at various moments, rapidly changing.

290 Most painful at the bend of the articulations; rarely affecting the smaller articulations. (T.)

Painful sensation of paralysis in the hip joints, and in those of the knees and feet. (T., H.—T.)

Numbness and sensation of weight. (H.—T.)

General paralysis of the lower extremities. (T., H.—T.)

Paralysis of the thigh. (T.)

Paralysis of the thigh, the leg, and the foot. (T.)

Paralysis of the foot and of the toes. (T.)

Paralysis of the extensor of the great toe. (T.)





